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1994

# Illinois Register

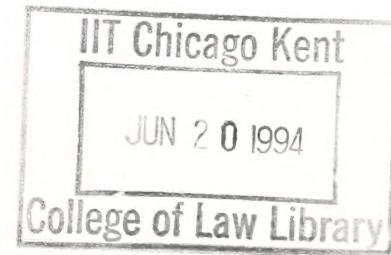
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## Rules of Governmental Agencies

Volume 18, Issue 24— June 17, 1994

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Administrative Code Div.  
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Secretary of State

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## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED RULES

- 1) Heading of Part: Administration of Psychotropic Medications to Children for Whom the Department of Children and Family Services is Legally Responsible
- 2) Code Citation: 89 Ill. Adm. Code 325
- 3) Section Numbers: Proposed Action:

- 325.10 New Section
- 325.20 New Section
- 325.30 New Section
- 325.40 New Section
- 325.50 New Section
- 325.60 New Section
- 325.70 New Section

- 4) Statutory Authority: Implementing and authorizing by the Children and Family Services Act (Ill. Rev. Stat. 1991, ch. 23, par. 5001 et seq.) [20 ILCS 505/1].
- 5) A Complete Description of the Subjects and Issues Involved: On June 29, 1988, a class of plaintiffs consisting of children, ages two through 17 years of age, who were removed from their homes and placed in the custody of the Illinois Department of Children and Family Services. The suit, now titled B.H. vs. Ryder, alleges that children are repeatedly subjected by DCFS to serious damage to their mental health, development and physical well-being. The plaintiffs also alleged that DCFS failed to provide these children with adequate medical and mental health care, education, shelter, clothing and food. The plaintiffs asserted that these actions by the Department violated their rights under the Fourteenth Amendment of the United States Constitution and under the Adoption Assistance and Child Welfare Action of 1980.

An intense period of reporting and discovery followed filing of the suit. On the basis of these reports and the extensive discovery in the matter of B.H. vs. Ryder, the parties engaged in settlement negotiations in an effort to avoid the burden, costs and inherent risks of further litigation. Plaintiffs and the Department have determined that it is in the best interests of the certified class and in the best interest of the public to settle this action via a consent decree.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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On December 20, 1991, the Department of Children and Family Services entered into a consent decree with the plaintiff class of children represented by the American Civil Liberties Union. This settlement outlined a detailed reform process that was to be implemented over a several year period. The extent of the reform process is too broad and varied to be fully explained in this Notice. In several areas, however, rather than specifying in the Consent Decree the reforms that were to be enacted by the Department, the plaintiffs and defendant agreed to the creation of panel of experts which would review important areas of policy and procedures and recommend changes. One such reform panel is identified in Paragraph 65 (b) of the Consent Decree.

Paragraph 65 (b) of the B.H. vs. Ryder consent decree requires the Department to convene a reform panel to review and make recommendations regarding its policies and procedures concerning (i) the use of restraint and seclusion on children in care, and (ii) the use of behavior-controlling drugs including a prohibition on the use of such medication for the punishment of children, the convenience of caretakers or as a substitute for programming for children's needs.

A reform panel of experts was convened to deal with these topics and met for over a year reviewing and discussing these two areas. The attached rules are the recommendations of the reform panel with regard to the use of behavior-controlling drugs on children in care.

- 6) Will these proposed new rules replace an emergency rule currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date? No.
- 8) Do these proposed new rules contain incorporations by reference? No.
- 9) Are there any amendments pending on this Part? No.
- 10) Statement of Statewide Policy Objectives: These new rules will have no impact on local units of government.

- 11) Time, Place, and Manner in which interested persons may comment on these proposed new rules:

Comments on these proposed new rules may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED RULES

Jacqueline Nottingham, Chief  
 Office of Rules and Procedures  
 Department of Children and Family Services  
 406 East Monroe Street, Station # 222  
 Springfield, Illinois 62701-1498

Phone: (217) 524-1983  
 TDD: (217) 524-3715

Persons who need translation or interpretation services to enable their commentary should request assistance by contacting the Office of Rules and Procedures.

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:
- B) Types of small businesses affected: Child welfare agencies, child care institutions, and group homes.
- C) Reporting, bookkeeping or other procedures required for compliance: This rule makes changes to the process by which agencies, institutions, and child care providers obtain the Guardianship Administrator's approval for the administration of psychotropic medications. Simple clerical skills are needed to comply with the requirements of this rule.
- D) Types of professional skills necessary for compliance: None.

The full text of the proposed new rules begins on the next page.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED RULES

TITLE 89: SOCIAL SERVICES  
 CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
 SUBCHAPTER b: PROGRAM AND TECHNICAL SUPPORT

PART 325: ADMINISTRATION OF PSYCHOTROPIC MEDICATIONS  
 TO CHILDREN FOR WHOM THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
 IS LEGALLY RESPONSIBLE

Section	Purpose
325.10	Purpose
325.20	Definitions
325.30	General Provisions
325.40	Medication Approval Standards
325.50	Children in Residential Facilities
325.60	Children in Foster Care
325.70	Miscellaneous Provisions

AUTHORITY NOTE: Implementing the Children and Family Services Act (Ill. Rev. Stat. 1991, ch. 23, par. 5005 et seq.) [20 ILCS 505/5], the Juvenile Court Act of 1987 (Ill. Rev. Stat. 1991, ch. 37, par. 801-1 et seq.) [705 ILCS 405/1-1], and the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1991, ch. 91 1/2, par. 1-100 et seq.) [405 ILCS 5/1-100].

SOURCE NOTE: Adopted at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 325.10 Purpose

The following standards and procedures shall govern the administration of psychotropic medications to persons under the guardianship of the Department pursuant to court order or for whom the Department has custody and has, by court order or via an adoptive surrender, been authorized to consent to major medical procedures. It is the purpose of this rule to create a system which promptly identifies the needs of children for psychotropic medication and provides timely access to such medication, while recognizing the risks that such medications pose, particularly if they are not prescribed and monitored with care. Psychotropic medication must not be used simply for the convenience of staff members, to punish children, or as a substitute for adequate staffing and programming.

## Section 325.20 Definitions

"Authorized Agent" means Department staff who have been appointed and authorized by the Director to officially act in the place of the Guardianship

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Administrator to authorize and consent to matters concerning children for whom the Department has legal responsibility.

"Chemical Restraint" means the use of behavior altering drugs to punish a child, for the convenience of caretakers or as a substitute for adequate ongoing programming for the child's needs.

"Children for whom the Department is legally responsible" means children for whom the Department has temporary protective custody as authorized by the Abused and Neglected Child Reporting Act, children for whom the Department has been appointed legal custodian or guardian by order of a Juvenile Court, children whose parent(s) have signed an adoptive surrender, or children for whom the Department has temporary custody via a voluntary placement agreement.

"Department" means the Illinois Department of Children and Family Services.

"Emergency" means circumstances exist in which a child for whom the Department is legally responsible poses a threat of imminent serious harm to himself or others.

"Pharmacological Review Committee" means a committee appointed by the Department which is comprised of at least three Board certified psychiatrists who specialize in the treatment of children and adolescents. This Committee shall have certain powers and duties as prescribed in this Part.

"Psychotropic medication" means medication whose use for *antipsychotic, antidepressant, antimanic, anti-anxiety, behavioral modification or behavioral management purposes is listed in AMA Drug Evaluations, latest edition, or Physician's Desk Reference, latest edition or which are administered for any of these purposes.* (Ill. Rev. Stat. 1991, ch. 91 1/2, par. 1-121.1) [405 ILCS 5/1-121.1]

"Residential facility" means any facility in which one or more children for whom the Department of Children and Family Services is legally responsible are housed, whether or not that facility is located within the State of Illinois, including but not limited to group homes, child care institutions, inpatient mental health facilities, including those operated by the Illinois Department of Mental Health and Developmental Disabilities, and facilities operated by the Illinois Department of Corrections.

## Section 325.30 General Provisions

- a) The administration of psychotropic medication to children for whom the Department is legally responsible as a chemical restraint is prohibited.
- b) Except in an emergency, and subject to (a) above, psychotropic medication shall never be administered to children for whom the Department is legally responsible without the prior approval of an authorized agent as set forth in this Part.
- c) The Department shall establish a Pharmacological Review Committee which shall develop and publish a Pharmacy and Therapeutic Manual. The manual shall list all psychotropic medications which are approved by the committee for use with children for whom the Department is legally responsible and shall list all acceptable psychotropic medications, their purposes, the acceptable range of dosages, contraindications and time limits, if any. The committee shall also review the Pharmacy and Therapeutic Manual on at least an annual basis and make recommendations for change, as necessary.
- d) The Pharmacy and Therapeutic Manual and any revisions to it shall be provided to all authorized agents and to all residential facilities in which children for whom the Department is legally responsible reside.
- e) Authorized agents shall be provided with regular periodic training in the use of the manual. The Department shall appoint, subject to the review of the Pharmacological Review Committee, a person or persons who will provide training to authorized agents on the use of the manual. The training shall include:
  - 1) initial training before the authorized agent assumes the responsibilities of the position. This training shall include an explanation of the purpose of the manual, how to use the manual, the discretion left to the authorized agent, and the procedure for approval or denial of the psychotropic medication;
  - 2) the authorized agent's supervisor shall review the authorized agent's use of the manual within 30 days after the start of the authorized agent's use of the manual; and
  - 3) regular periodic follow-up reviews every 90 days thereafter and before any revisions to the manual take effect.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED RULES

f) The Department shall employ or contract with one or more psychiatric consultants. Authorized agents shall consult with the psychiatric consultant or contracted by the Department as provided in Section 325.50, Medication Approval Standards.

g) The Department shall provide the Pharmacological Review Committee with data regarding the administration of psychotropic medication to children government by this Part including, where applicable, data from foster parent licensure reviews and administrative case reviews. The Committee shall review such data at least annually to determine whether psychotropic medication is being administered appropriately and in compliance with these rules. The Committee shall determine whether additional or different data shall be collected and whether this Part should be modified to achieve the goals set forth above.

**Section 325.40 Medication Approval Standards**

a) Authorized agents may, in their discretion, approve the administration of any psychotropic medication whose use and dosage is listed in the Pharmacy and Therapeutic Manual, provided that children for whom the Department is legally responsible are not taking any other medications and subject to the provision of Section 325.30 (a). The administration of any psychotropic medication which does not meet the above criteria may only be approved following consultation with the Department's psychiatric consultant.

b) Additionally, whenever the authorized agent is advised that a child for whom the Department is legally responsible objects to the administration of psychotropic medication, the authorized agent must consult with the psychiatric consultant employed or contracted by the Department prior to approving the medication. Authorized agents shall assess the basis for the child's objection to the psychotropic medication. This assessment may include asking the child's caseworker to interview the child to determine the basis for his/her objection.

c) Every authorization for the administration of psychotropic medication shall be limited in time. Under no circumstance may psychotropic medication be authorized for a period exceeding 180 days. At the expiration of the period set forth in the authorization, psychotropic medication may be reauthorized pursuant to the standards and procedures contained in this Part.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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d) Whenever a physician recommends the administration of psychotropic medication to a child for whom the Department is legally responsible, the child shall be advised of the purposes and effects of the medication and of the potential side effects of the medication to the extent that such advice is consistent with the nature and frequency of the side effects and the child's ability to understand the information communicated. The child shall also be provided written information concerning the medication and its side effects, unless it has been determined that such information could not be understood by the child. This written information shall be provided in the child's primary language. Nothing in this section shall be deemed to create any liability on the part of the physician or the residential facility based upon the failure to provide the child with complete and accurate information. However, the Department may continue to use its existing powers to enforce this section.

e) Authorized agents retain the authority to deny consent to the administration of psychotropic medications whether or not they are among those listed in the Pharmacy and Therapeutic Manual or whether they have been approved by the psychiatric consultant. Authorized agents may only deny consent to the administration of psychotropic medication after consulting both the prescribing physician and the psychiatric consultant. The Pharmacy and Therapeutic Manual shall contain a statement setting forth this rule. In the event of a denial of a medication request, the specific reasons for the denial shall be set forth on the Psychotropic Medication Approval form provided for in Section 325.50 (a) below.

f) Authorized agents must render their oral approval or denial of psychotropic medication within 24 hours from the time they receive the request for approval, and shall confirm their approval in writing within two working days, unless the reason for the delay is the unavailability of the prescribing physician to consult with the authorized agent.

**Section 325.50 Children in Residential Facilities**

a) The Department shall create and distribute a Psychotropic Medication Approval form. Copies of the form shall be distributed to all facilities in which wards of the Department reside and to all authorized agents. That form shall include the following information:

- 1) the child's name, age, weight, and diagnosis;
- 2) the medication to be administered;
- 3) the dosage and frequency of the medication;

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED RULES

- 4) the duration, which in no event shall exceed 180 days;
- 5) target symptom(s) and behavior;
- 6) other medication the child is receiving;
- 7) the potential side effects of the medication which are of greatest concern;
- 8) the name of the prescribing physician;
- 9) in the case of children who are 14 years of age or older, whether the ward objects to the administration of the medication.

b) Residential facilities which provide care to children for whom the Department is legally responsible shall be advised by the Department that, whenever they seek approval of an authorized agent for the administration of a psychotropic medication, they will be asked the questions on the Psychotropic Medication Approval form. The residential facility shall complete a copy of the approval form which is to be kept in the child's medical record at the facility. Whenever approval is granted by an authorized agent, the agent shall complete two copies of the form, retain one copy for the child's case record and forward a copy to the Guardianship Administrator.

c) Prior consent from an authorized agent is not required when an emergency exists as defined in this Part. However, the authorized agent shall be notified in writing of the administration of medication within one week of its initial administration. The Department shall provide each residential facility with Emergency Psychotropic Medication forms to be used by the facility in reporting to the authorized agent the administration of emergency medication. This form shall be completed by either a registered nurse or a physician who has examined the child and shall contain the information set forth in Section 325.50 (a) above. Additionally, the form shall require a brief explanation of the nature and circumstances of the emergency. A copy of this form shall be placed in the child's medical file at the residential facility and a copy shall be forwarded to the Guardianship Administrator and the authorized agent for the child. Emergency medication may not continue for more than 48 hours, excluding Saturdays, Sundays and holidays. The administration of psychotropic medication beyond this period may only occur if approved by an authorized agent as provided for in this Part.

- 4) review in writing. This record shall be reviewed during the on-site inspections required by this Part.
- 2) The Guardianship Administrator's office shall collate all Emergency Psychotropic Medication forms and all Psychotropic Medication Approval forms in binders divided according to residential facility. The Guardianship Administrator's office shall review these binders monthly. The psychiatric consultant shall also review these binders every 90 days.

- 3) The Department shall conduct unannounced on-site reviews annually to assure that the approval forms reflect the actual practice in the facility and that the facility is in compliance with this Part. Such reviews shall include an investigation into whether the Emergency Psychotropic Medication Request forms and the Psychotropic Medication Request Forms accurately reflect those minors who have objected to the administration of medication.
- e) The Department shall provide training for personnel employed by residential facilities concerning the content of this rule and the procedures through which psychotropic medication may be authorized.

## Section 325.60 Children in Foster Care

- a) The Department shall provide training for all foster parents (including but not limited to relative family homes, foster homes supervised directly by the Department as well as homes supervised by private agencies) concerning the procedures for approving psychotropic medication and the need for and use of psychotropic medications. This training shall include training in those circumstances in which the child may self-medicate, where appropriate.
- b) Except in an emergency, no psychotropic medication shall be administered to any child for whom the Department is legally responsible who reside in foster care unless the physician who is prescribing the medication has obtained prior approval for such medication from an authorized agent.
- c) The Health Passport, which is issued by the Department to all children for whom it is legally responsible, shall contain a statement that, except in an emergency, no psychotropic medication may be administered to any such child without the approval of an authorized agent.
- d) The administration of psychotropic medication shall be monitored as follows:
  - 1) The director of each residential facility, or his designee, shall conduct a monthly review of all psychotropic medications and record that

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d) Authorized agents shall use the same standards, forms and procedures for approving psychotropic medication for children in foster care as are set forth above in Section 325.50.

e) The foster parent must inform the prescribing physician that:

- 1) the child is in foster care;
- 2) the consent of an authorized agent is required before psychotropic medication may be administered to the child; and
- 3) psychotropic medication may only be administered pursuant to this Part.

f) Any reapplication for licensure of a foster care home shall include a determination whether psychotropic medication has been administered during the previous licensure period, whether the foster home has complied with this Part in administering the medication, and whether the Emergency Psychotropic Medication Forms and the Psychotropic Medication Approval Forms are being utilized in compliance with this Part. This information shall be recorded in the licensing record.

d) Children for whom the Department is legally responsible who have reached the age of 18 shall have the qualified right to refuse psychotropic medication as provided for adults in the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1991, ch. 91 1/2, par. 107 and 107.1) [405 ILCS 5/2-107 and 2-107.1].

e) The foster parent must inform the prescribing physician that:

- 1) the child is in foster care;
- 2) the consent of an authorized agent is required before psychotropic medication may be administered to the child; and
- 3) psychotropic medication may only be administered pursuant to this Part.

f) Any reapplication for licensure of a foster care home shall include a determination whether psychotropic medication has been administered during the previous licensure period, whether the foster home has complied with this Part in administering the medication, and whether the Emergency Psychotropic Medication Forms and the Psychotropic Medication Approval Forms are being utilized in compliance with this Part. This information shall be recorded in the licensing record.

**Section 325.70 Miscellaneous Provisions**

a) The Psychotropic Medication Approval form specified in Section 325.50 (a) shall be attached as an exhibit to the Client Service Plan form for each psychotropic medication which is being administered.

b) For the purposes of dispositional orders from Cook County and other courts to determine custody and guardianship of wards of the court, "major medical" treatment includes the administration of psychotropic medication. When a child has a neurological or psychiatric condition for which the administration of psychotropic medications is likely, the Department shall request the power to consent to major medical care including specifically the administration of psychotropic medication.

c) Minors who have been declared emancipated for the purposes of consent to medical treatment by any court shall have the qualified right to refuse psychotropic medication as provided for adults in the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1991, ch. 91 1/2, par. 2-107.1) [405 ILCS 5/2-107 and 2-107.1].

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

1) Heading of Part: Audits, Reviews, and Investigations

2) Code Citation: 89 Ill. Adm. Code 434

3) Section Number: Proposed Action:

434.7 Amend

4) Statutory Authority: Implementing and authorized by Section 4 of the Children and Family Services Act (Ill. Rev. Stat. 1991, ch. 23, par. 5004) [20 ILCS 505/4] and the Internal Auditing Act (Ill. Rev. Stat. 1991, ch. 15, pars. 1000 et seq.) [30 ILCS 10/100/11]

5) A Complete Description of the Subjects and Issues Involved: The Department adopted amendments to Section 434.7, Certified Audits, Cost Reports, and Desk Reviews, effective May 1, 1994 which specified a retroactive effective date for the recapture of excess revenues. This date was in error and is being corrected by these proposed amendments.

6) Will these proposed amendments replace an emergency rule currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Do these proposed amendments contain incorporations by reference? No.

9) Are there any amendments pending on this Part? No.

10) Statement of Statewide Policy Objectives: These rules do not create or expand a state mandate as defined in Section 3 (b) of the State Mandates Act (Ill. Rev. Stat. 1991, ch. 85, par. 2203) [30 ILCS 805/3].

11) Time, Place, and Manner in which interested persons may comment on these proposed amendments:

Comments on these proposed amendments may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Jacqueline Nottingham, Chief  
Office of Rules and Procedures  
Department of Children and Family Services  
406 East Monroe Street, Station # 222  
Springfield, Illinois 62701-1498

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Persons who need translation or interpretation services to enable their commentary should request assistance by contacting the Office of Rules and Procedures. Small businesses should identify themselves as such.

12) Initial Regulatory Flexibility Analysis:

A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs.

B) Types of small businesses affected: Providers who contract with the Department of Children and Family Services and whose costs are not established by audited costs.

C) Reporting, bookkeeping, or other procedures required for compliance: The entity must keep records of revenues and costs for specified contract types.

D) Types of professional skills necessary for compliance: Basic bookkeeping.

The full text of the proposed amendments is identical to the text of the emergency amendment appearing on page 8944.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED REPEALER

1) Heading of Part: Background Check of Foster Family Home  
Applicants

2) Code Citation: 89 Ill. Adm. Code 380

Proposed Action:

380.1 Repeal  
380.2 Repeal  
380.3 Repeal  
380.4 Repeal  
380.5 Repeal  
380.6 Repeal  
380.7 Repeal  
380.8 Repeal  
380.9 Repeal  
380.10 Repeal  
380.11 Repeal  
380.12 Repeal  
380.13 Repeal  
380.14 Repeal

4) Statutory Authority: Section 4 of the Child Care Act of 1969 (Ill. Rev. Stat. 1991, ch. 23, par. 2214) 225 ILCS 10/41

5) A Complete Description of the Subjects and Issues Involved: Part 380, Background Check of Foster Family Home Applicants, was enacted to require criminal history background checks of persons interested in providing foster care. These criminal history background check requirements are being incorporated in amendments to Part 385, Background Checks. Therefore, these rules are being repealed.

6) Will this proposed repealer replace an emergency rule currently in effect? No.  
 7) Does this rulemaking contain an automatic repeal date: \_\_\_\_\_ Yes  No  
 8) Does this proposed repealer contain incorporations by reference? No.  
 9) Are there any other amendments pending on this Part? No.  
 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand the state mandate as defined in Section (b) of the State Mandates

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF PROPOSED REPEALER

Act (Ill. Rev. Stat. 1991, ch. 85, par. 2203) (30 ILCS 805/31).

11) Time, Place, and Manner in which interested persons may comment on this proposed repealer:  
Comments on this proposed repealer may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Jacqueline Nottingham, Chief  
Office of Rules and Procedures  
Department of Children and Family Services  
406 East Monroe St., Station #222  
Springfield, Illinois 62701-1498

Phone: (217) 524-1983 TDD: (217) 524-3715

The Department will consider fully all written comments on this proposed repealer submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such. Persons who need translation or interpretation services to enable their commentary should request assistance by contacting the Office of Rules and Procedures.

12) Initial Regulatory Flexibility Analysis:  
This proposed repealer will not have an impact on small businesses.

The full text of the Proposed Repealer begins on the next page.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
NOTICE OF PROPOSED REPEALER

**TITLE 89: SOCIAL SERVICES**  
**CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**SUBCHAPTER d: LICENSING ADMINISTRATION**

**PART 380**  
**BACKGROUND CHECK OF FOSTER FAMILY HOME APPLICANTS (REPEAL)**

380.1	Purpose
380.2	Definitions
380.3	Authorization for Criminal History Check
380.4	Fingerprinting of Applicants
380.5	Notice to Foster Family Home Applicant
380.6	Confidentiality of Information Received
380.7	Standard of Review Concerning Criminal History
380.8	Suspension of Application When Criminal Charges Are Pending
380.9	Denial of or Refusal to Renew a License
380.10	Applicant Appeal of Denial of or Refusal to Renew a License
380.11	Destruction of Criminal History Information
380.12	Return to Applicant of Materials Provided
380.13	Applicant Request for Information Obtained
380.14	Check With State Central Register

AUTHORITY: Implementing and authorized by Section 4 of the Child Care Act of 1969 (Ill. Rev. Stat. 1991, ch. 23, par. 2214).

SOURCE: Adopted and codified at 5 Ill. Reg. 5501, effective May 27, 1981; repealed at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 380.1 Purpose**

The purpose of this rule is to detail the process that the Department uses to check foster family home applicants to determine if the foster parent has any criminal history. The primary focus of the criminal background check is to consider criminal charges as they might affect the applicant's ability to perform responsibly as a foster parent.

**Section 380.2 Definitions**

"Foster family home applicant" means those individuals applying directly to the Department of Children and Family Services or through a licensed child welfare agency for a license to care for children not related to them.

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"Foster parent(s)" means either a single person or a man and woman who are married to each other and who are licensed to operate a foster family home.

**Section 380.3 Authorization for Criminal History Check**

Each applicant for a foster family home license, whether applying directly to the Department of Children and Family Services or through a licensed child welfare agency, shall provide written authorization for the Department to request and receive information about the applicant from the United States Department of Justice, the Illinois Department of Law Enforcement, or other named law enforcement agency.

**Section 380.4 Fingerprinting of Applicants**

Each applicant for a foster family home license shall submit to a fingerprinting process administered by the Department or its agent. Fingerprints shall be transmitted to the Illinois Department of Law Enforcement or other law enforcement agency named by the Department of Children and Family Services on Department forms provided for the purpose of obtaining criminal history information about a foster parent applicant.

**Section 380.5 Notice to Foster Family Home Applicant**

Each applicant for foster home licensure shall be informed in writing of the Department's requirement that the applicant consent to a criminal history check and submit to fingerprinting procedures as part of the foster home licensing process. Applicants shall be informed of their right to recover the identity materials submitted and to receive a copy of all criminal history information obtained by the Department.

**Section 380.6 Confidentiality of Information Received**

- a) All information received by the Department of Children and Family Services from a law enforcement agency which concerns an applicant for foster family home licensure is confidential. It may be released only as authorized by this rule.
- b) All information received pursuant to this rule shall be maintained in a single manual information system under the sole control of the Director of the Department of Children and Family Services or his designee.
- c) All criminal history information shall be used solely for the purpose of evaluating an applicant's suitability as a foster parent and shall be accessible only to those employees directly involved in the foster home licensing process for the applicant or specifically designated by the Director of the Department to review criminal history information.

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d) Any employee of the Department of Children and Family Services who gives or causes to be given in a manner not authorized by this rule any confidential information concerning any criminal charges and their disposition pertaining to a foster parent applicant shall be guilty of a Class A misdemeanor pursuant to Section 4 of the Child Care Act of 1969, amended 1977 (Ill. Rev. Stat., ch. 23, Sec. 2214).

**Section 380.7 Standard of Review Concerning Criminal History**

a) In assessing the suitability of an applicant for foster parent licensure, the Department may consider prior criminal charges and their disposition (including convictions), criminal charges pending at the time of application, and criminal charges filed during review of the application.

b) When a criminal history has been discovered, Department employees, designated by the Director of the Department, shall review the materials focusing on the relationship between the offense which was the basis for the conviction and the applicant's ability to perform responsibility as a foster parent. The following shall be considered:

- 1) the type of crime for which the individual was convicted;
- 2) the number of crimes for which the individual was convicted;
- 3) the nature of the offense;
- 4) the age of the individual at the time of the conviction;
- 5) the length of time that has elapsed since the last conviction;
- 6) the relationship of the crime and the ability to care for children;
- 7) evidence of rehabilitation; and
- 8) opinions of community members concerning the individual in question.

**Section 380.8 Suspension of Application When Criminal Charges Are Pending**

If criminal charges are pending against an applicant when the application for foster family home licensure is filed, the application process for that particular individual shall be suspended until some official disposition of the charges is submitted to the Department by appropriate officials.

**Section 380.9 Denial of or Refusal to Renew a License**

If the Department decides to deny a foster family home license application or refuses to renew a foster family home license application, the applicant shall be notified in writing. The notice shall include the specific reasons for the decision, along with a notice of the applicant's right to appeal the decision.

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**Section 380.10 Applicant Appeal of Denial of or Refusal to Renew a License**

Within 10 days of the applicant's receipt of a denial or refusal to renew a license the applicant may request, in writing, review of the decision by the Director of the Department of Children and Family Services or his designee. A request for the Director's review shall be based on the applicant's challenge to the reasonableness of the decision. If the applicant fails to request an appeal within this ten day period, the denial or refusal to renew a license shall be a final administrative ruling. Final administrative rulings are subject only to administrative review in Circuit Court, pursuant to the Administrative Review Act.

**Section 380.11 Destruction of Criminal History Information**

All Criminal history information obtained by the Department shall be destroyed no later than sixty (60) days after the Department has made a final ruling on the application and after all rights of appeal have been exhausted and pending appeals completed.

**Section 380.12 Return to Applicant of Materials Provided**

After the Criminal history check has been completed, all identity materials obtained from the applicant by the Department of Children and Family Services, or its agent, shall be returned in its original form to the applicant upon written request to the Department of Children and Family Services. No copies of the identity materials shall be made or retained by the Department of Children and Family Services or by any agency to which such identity materials were transmitted.

**Section 380.13 Applicant Request for Information Obtained**

All information obtained from the criminal history check, including the source of the information, and any conclusions or recommendations derived from this information by the Department of Children and Family Services, shall be provided to the applicant, or his designee, upon written request to the Director of the Department, prior to any final action on the application by the Department of Children and Family Services.

**Section 380.14 Check With State Central Register**

a) Applicants shall be informed that the Department's State Central Register of child abuse and neglect will be queried concerning indicated child abuse or neglect reports concerning them.

b) When an indicated report is discovered Department employees designated by the Director of the Department shall assess the materials focusing on the relationship between the abuse or neglect and the applicant's ability to perform responsibly as a foster parent. The following shall be considered:

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- 1) the type of indicated abuse and neglect;
- 2) the age of the individual at the time of the report;
- 3) the length of time that has elapsed since the most recent indicated report;
- 4) the relationship of the report and the ability to care for children; and
- 5) evidence of successful parenting.

c) An applicant shall be notified in writing if the Department decides to deny a foster family home license application or refuses to renew a foster home license application based on an indicated child abuse or neglect report and of their right to appeal the decision.

d) An applicant may appeal a decision to deny or refusal to renew a license because of an indicated child abuse or neglect report according to the process in Section 380.10.

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1)	Heading of Part:	Background Inquiry for Purchase of Service Providers	89 Ill. Adm. Code 358
2)	Code Citation:	Proposed Action:	
3)	Section Number:		
	358.1	Repeal	
	358.2	Repeal	
	358.3	Repeal	
	358.4	Repeal	
	358.5	Repeal	
	358.6	Repeal	
	358.7	Repeal	
	358.8	Repeal	
4)	Statutory Authority:	Section 5004 of the Children and Family Services Act (Ill. Rev. Stat. 1991, ch. 23, par. 5004) [I.C.S. 505/4]	
5)	A Complete Description of the Subjects and Issues Involved:	Part 358, Background Inquiry for Purchase of Service Providers, was enacted to require written inquiries into the background of entities which sought to provide services to clients of the Department. These background inquiries have been incorporated into the amendments proposed in Part 385, Background Checks. Therefore, these rules are being repealed.	
6)	Will this proposed repealer replace an emergency rule currently in effect?	No.	
7)	Does this rulemaking contain an automatic repeal date?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8)	Does this proposed repealer contain incorporations by reference?	No.	
9)	Are there any other amendments pending on this Part?	No.	
10)	Statement of Statewide Policy Objectives: This rulemaking does not create or expand the state mandate as defined in Section (b) of the State Mandates Act (Ill. Rev. Stat. 1991, ch. 85, par. 2203) [30 I.C.S. 805/3].		
11)	Time, Place, and Manner in which interested persons may comment on this proposed repealer:		

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Comments on this proposed repealer may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Jacqueline Nottingham, Chief  
Office of Rules and Procedures  
Department of Children and Family Services  
406 East Monroe St., Station #222  
Springfield, Illinois 62701-1498

Phone: (217) 524-1983 TDD: (217) 524-3715

The Department will consider fully all written comments on this proposed repealer submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such. Persons who need translation or interpretation services to enable their commentary should request assistance by contacting the Office of Rules and Procedures.

12) Initial Regulatory Flexibility Analysis:

This proposed repealer will not have an impact on small businesses.

The full text of the Proposed Repealer begins on the next page.

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TITLE 89: SOCIAL SERVICES  
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
SUBCHAPTER C: FISCAL ADMINISTRATION

PART 358  
BACKGROUND INQUIRY FOR PURCHASE OF SERVICE PROVIDERS (REPEAL)

Section	358.1	Purpose
	358.2	Definitions
	358.3	Effective Date
	358.4	Questions About Criminal Background
	358.5	Maintenance of Response
	358.6	The Handling of Applications Indicating a Criminal Conviction
	358.7	Other Persons Who Have Been Convicted of a Crime
	358.8	Reviewing Background Inquiries

AUTHORITY: Implementing Section 7(a)(2) et seq. of the Child Care Act of 1969 (Ill. Rev. Stat. 1979, ch. 23, pars. 221.7(a)(2) et seq.), and authorized by Section 4 et seq. of "AN ACT creating the Department of Children and Family Services, codifying its powers and duties, and repealing certain Acts and Sections herein named" (Ill. Rev. Stat. 1979, ch. 23, par. 5004 et seq.).

SOURCE: Adopted and codified at 5 Ill. Reg. 8673, effective September 1, 1981; repealed at 18 Ill. Reg. \_\_\_, effective \_\_\_\_\_.

## Section 358.1 Purpose

The purpose of these rules is to insure the safety and well-being of children provided with services purchased by the Department. These rules require purchase of service provider agencies contracting with the Department of Children and Family Services to ask all prospective employees and all current employees, who are or will be regularly responsible for the direct care and supervision of children, to respond to written questions about their backgrounds. In addition, purchase of service agencies shall, at the discretion of their governing board, ask subcontractor employees and volunteers who have direct contact with children to respond to written questions about their backgrounds. The Department shall also ask individual purchase of service providers to answer questions about their backgrounds. These rules do not apply to foster homes as defined in Part 402, Licensing Standards for Foster Family Homes. Foster parents are required, by law, to submit to fingerprint checks.

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**Section 358.2 Definitions**

"Child care facility" means any person, group of persons, agency, association or corporation which arranges for or cares for children unrelated to the operator of the facility, apart from the parents. Child care facilities may be established for profit or not-for-profit.

"Direct contact with children" means the supervision, direction, or personal care of a child.

"Purchase of service provider" means an agency or individual offering services to a Department client through a signed contract for paid services.

**Section 358.3 Effective Date**

Effective with the adoption of these rules, purchase of service agencies shall inquire into the backgrounds of all personnel who are currently employed with the agency who are regularly responsible for the direct care and supervision of children. Likewise, the Department shall inquire into the backgrounds of all individual purchase of service providers. Thereafter, the questions shall be asked as required in Section 358.4.

**Section 358.4 Questions About Criminal Background**

a) The following individuals, if they have responsibility for the direct care and supervision of children, shall respond in writing to the questions in subparagraph b) below:

- 1) prospective employees of a purchase of service agency, during the job application process;
- 2) current employees of a purchase of service agency, before the issuance or renewal of the agency's license or at least once every two years if the agency does not require licensing;
- 3) individual advocates, counselors, homemakers, day or night care providers and emergency caretakers, at least once every two years;
- 4) at the discretion of the governing body, employees of a subcontractor to a purchase of service agency who have direct contact with children; and
- 5) at the discretion of the governing body, volunteers who have direct contact with children.

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b) The individuals cited in subparagraph a) above shall answer the following questions and verify that their response is true and correct to the best of their knowledge.

- 1) Have you every been convicted of a crime other than a minor traffic violation?; and
- 2) If the answer is yes, list all pertinent details.

**Section 358.5 Maintenance of Response**

The written response shall be maintained for five years in a separate file of responses to these questions. Access to the written response shall be limited to the individual purchase of service provider, or the child care facility's personnel officer, or executive director and to the following staff of the Illinois Department of Children and Family Services only upon their request:

- a) Director of the Department;
- b) Director's designee;
- c) Internal auditors and investigators;
- d) Department licensing representatives; or
- e) Administrators of Department Regions.

**Section 358.6 The Handling of Applications Indicating a Criminal Conviction**

When a criminal conviction is listed by the applicant for employment with a purchase of service agency, the agency will not automatically reject an applicant solely because of this conviction. When the Department learns that an individual who is requesting an initial purchase of service contract has been convicted of a crime, the Department shall not automatically reject the individual because of this conviction. Instead, the employer or the Department shall consider the following:

- a) the type of crime for which the individual was convicted;
- b) the number of crimes for which the individual was convicted;
- c) the nature of the offense(s);
- d) the age of the individual at the time of conviction;
- e) the length of time that has elapsed since the last conviction;
- f) the relationship of the crime and the capacity to care for children; and
- g) evidence of rehabilitation; and
- h) opinions of community members concerning the individual in question.

**Section 358.7 Other Persons Who Have Been Convicted of a Crime**

When an employer learns that a current employee, or other persons who have direct contact

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with children, have been convicted of a crime, those persons shall not be immediately discharged from their positions solely because of this conviction. When the Department learns that an individual purchase of service provider has been convicted of a crime, the Department shall not immediately terminate the contract solely because of this conviction. Instead, the employer or the Department shall consider the factors identified in Section 358.6.

## Section 358.8 Reviewing Background Inquiries

a) Through its contracts with providers the Department shall ensure that:

- 1) background inquiries are being completed as specified in these rules; and
- 2) individuals with a criminal background are being evaluated according to the criteria set forth in these rules.

b) The Department shall review the provider's background inquiries when conducting an audit or conducting a licensing study. If the provider is not in compliance with these rules, the Department shall follow the process established in Part 434, Audits, Reviews and Investigations or in Part 383, Licensing Enforcement, as appropriate.

- 1) Heading of the Part: Distribution of Database Information
- 2) Code Citation: 1 Ill. Adm. Code 255
- 3) Section Numbers:

255.10	Proposed Action:
255.20	New Section
	New Section
- 4) Statutory Authority: 5 ILCS 100/5-80 and 135 and Public Act 88-535, effective January 26, 1994
- 5) A Complete Description of the Subjects and Issues Involved:  
This rulemaking, implementing PA 88-535/HB 2082, establishes fees and procedures for the release of the electronically stored database of the Illinois Register and the Illinois Administrative Code in an electronically stored medium. The established fee is \$300 per megabyte or part of a megabyte, without proration.
- 6) Will these proposed rules replace any emergency rule currently in effect?  
Yes.
- 7) Do these rulemakings contain an automatic repeal date? No.
- 8) Do these proposed rules contain incorporations by reference? No.
- 9) Are there any other proposed rule pending on this Part? No.
- 10) Statement of Statewide Policy Objectives:  
These proposed rules do not create any mandates for units of local government.
- 11) Time, Place and Manner in which interested persons may comment on these proposed rulemakings:  
Interested persons may present their comments concerning this rulemaking by writing to:

Name: Vicki Thomas  
Address: Executive Director  
Joint Committee on Administrative Rules  
700 Stratton Bldg.  
Springfield IL 62706  
Telephone: (217) 785-2254

- 12) Initial Regulatory Flexibility Analysis: The proposed rules do not affect small businesses unless such businesses desire to purchase database materials in accordance with this Part.

The full text of the proposed rules begins on the next page:

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## NOTICE OF PROPOSED RULES

TITLE 1: GENERAL PROVISIONS  
CHAPTER II: JOINT COMMITTEE ON ADMINISTRATIVE RULES

## PART 255

## DISTRIBUTION OF DATABASE INFORMATION

**Section 255.10 Purpose**  
255.20 Procedures and Fees for Requesting Electronically Stored Database

**AUTHORITY:** Implementing Section 5-80 and authorized by Section 5-135 of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, pars. 1005-80 and 1005-135) (5 ILCS 100/5-80 and 135) (see P.A. 88-535, effective January 26, 1994).

**SOURCE:** Emergency rules adopted at 18 Ill. Reg. 5359, effective March 22, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 255.10 Purpose**

In accordance with PA 88-535, the purpose of this Part is to insure that the electronically stored database of the Illinois Register and the Illinois Administrative Code (database) is made available in an electronically stored medium to those who request it.

**Section 255.20 Procedures and Fees for Requesting Electronically Stored Database**

a) The Illinois Administrative Code, in its entirety and by individual Titles, and the Illinois Register shall be made available to the public, for a reasonable fee as established in subsection (e) below, in an electronically stored medium. Updates of the Illinois Administrative Code shall also be made available from time to time for a reasonable fee as described in subsection (e) below.

b) All requests for electronically stored database materials shall be submitted in writing to the Executive Director of the Joint Committee on Administrative Rules (JCAR), at 700 Stratton Bldg., Springfield IL 62706 and shall contain the name, address and telephone number of the requestor. Persons wanting further information can contact JCAR at 217/785-2254.

c) The Director shall determine the following, depending upon the technical capabilities of the LIS system, the availability of JCAR and LIS staff resources and the availability of LIS computer time:

- 1) the extent of the database materials to be released;
- 2) the timing of the release (i.e., the materials being transferred are current as of a specified date); and
- 3) the electronic format and storage medium of the release.

d) All persons, corporations, associations or entities that request

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electronically stored materials from the database shall sign a Database Distribution Agreement.

e) The fee for electronically stored materials from the database shall be \$300 per megabyte or part of a megabyte, without proration.

f) Payment by check or money order is required in advance of transfer of the database materials. Revenues will be deposited in the General Assembly Computer Equipment Revolving Fund. Payment is not refundable.

g) The Director shall determine the frequency of the availability of database updates.

h) The requestor shall supply postage paid mailing supplies or access to an express mailing account for mail delivery of database materials. The requestor shall supply the medium, designated by the Director, for the electronic transfer. If technical capabilities of LIS and the requestor allow, the Director may provide for direct transfer of database material without the use of an intermediary medium.

i) JCAR shall require any person who obtains electronically stored database materials from JCAR and publishes or otherwise distributes the contents to deliver to JCAR without charge, immediately upon publication, at least one copy of the publication in the same form in which it is published, whether in print, electronic, or other medium.

j) If the requestor intends to distribute the electronically stored database information to a third party, and edits or otherwise changes the text of the database or determines that changes in the database are necessary, the requestor shall notify JCAR in writing of each change.

k) The electronically stored database information is for the sole use of the requestor. The database shall not be resold or otherwise provided to any other individual or entity for distribution to end users except the requestor may use the database for the intended purpose of disseminating the Illinois Administrative Code or parts thereof, or the Illinois Register, to its customers or subscribers for their end use, in print, electronic or other medium. The requestor may not use the Database materials for any other purpose except with the written consent of JCAR and for reasonable consideration to be based on the nature of the requested use.

**DEPARTMENT OF MENTAL HEALTH  
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**NOTICE OF PROPOSED RULES**

1) Heading of the Part: Standards and Requirements for Pre-Admission Screening and Participating Mental Health Centers

2) Code Citation: 59 Ill. Adm. Code 258

3) Section Numbers:

258.100  
258.110  
258.120  
258.130  
258.200  
258.210  
258.220  
258.230  
258.240  
258.250  
258.260  
258.270  
258.280  
258.300  
258.310  
258.320  
258.330  
258.340  
258.350  
258.360  
258.370  
258.380  
258.390  
258.400  
258.410  
258.500  
258.510  
258.520  
258.530  
258.540

Proposed Action:

New Section

**DEPARTMENT OF MENTAL HEALTH  
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Part 258 implements P.A. 88-484, effective September 10, 1993. P.A. 88-484 created participating mental health centers which would have contracts with the Department to screen individuals prior to admission to a State-operated facility. The decision to become a participating mental health center is a voluntary one on the part of the community agency. This Rule was developed with the extensive input of community agencies, primary and secondary consumers, advocates, health care professionals and other interested parties.

Key components of this Rule are the provisions which establish requirements that must be fulfilled before a community agency can apply to become a participating mental health center. The Rule further establishes a process for the Department to follow in reviewing applications and procedures to be followed if an application is denied. This Rule contains Sections that provide guidance in determining whether an individual who presents for admission to a State-operated facility is appropriate for such admission. There are also procedures to be followed in the event that an individual is denied admission by a State-operated facility that has been recommended by the participating mental health center.

6) Will this proposed rule replace an emergency rule currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed rule contain incorporation by reference? This rulemaking incorporates by reference State and federal statutes and regulations. It also incorporates the reference the standards of nationally recognized associations.

9) Are there any other proposed amendments pending on this Part? No.

10) Statement of Statewide Policy Objectives: This rulemaking does not impact the State Mandates Act [30 ILCS 805].

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Any interested person may submit comments, data, views or argument regarding this proposed rulemaking before the expiration of the first 45-day notice period. Submissions must be in writing and directed to: Judith Hollenberg, Rules Administrator, Illinois Department of Mental Health and Developmental Disabilities, 403 Stratton Building, Springfield, IL 62705, telephone (217) 785-3313.

12) Initial Regulatory Flexibility Analysis:

A) Date rule was submitted to the Business Assistance Office of the

4) Statutory Authority: Implementing P.A. 88-484, effective September 10, 1993, and authorized by Section 5-105 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Department of Mental Health and Developmental Disabilities Act [20 ILCS 1705/5].

5) A Complete Description of the Subjects and Issues Involved:

DEPARTMENT OF MENTAL HEALTH  
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Department of Commerce and Community Affairs:  
On publication in the Illinois Register.

B) Types of small business affected:  
Private not-for-profit corporations (providers of community-based mental health services) and hospitals.

C) Reporting, bookkeeping or other procedures required for compliance:  
Clinical record keeping guidelines which are to be followed are contained in the Department's rules at 59 Ill. Adm. Code 132. In addition, a summary report at least annually is required under Section 258.500.

D) Types of professional skills necessary for compliance:  
General professional skills necessary for compliance are identical to those required for (1) general business skills; and (2) mental health treatment skills. In addition the Rule specifically requires the services of a licensed physician, a licensed clinical psychologist, or a qualified examiner as defined in Section 1-122 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/1-122].

The full text of the Proposed Rules begins on the next page:

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## NOTICE OF PROPOSED RULES

**TITLE 59: MENTAL HEALTH**  
**CHAPTER I: DEPARTMENT OF MENTAL HEALTH**  
**AND DEVELOPMENTAL DISABILITIES**

## PART 258

## STANDARDS AND REQUIREMENTS FOR

## PRE-ADMISSION SCREENING AND PARTICIPATING MENTAL HEALTH CENTERS

## SUBPART A: GENERAL PROVISIONS

Section	Purpose
258.100	Incorporation by reference
258.110	Individuals' rights
258.120	Definitions
258.130	

## SUBPART B: PARTICIPATING MENTAL HEALTH CENTER REQUIREMENTS

258.200	Applicability
258.210	Criteria for application and participation
258.220	Application and formal agreement
258.230	Renewal of formal agreement
258.240	Non-transferability of formal agreement
258.250	Withdrawal
258.260	Denial of or revocation of formal agreement
258.270	Hearings regarding denial or revocation of formal agreement
258.280	Annual directory

## SUBPART C: SCREENING AND DISPOSITION SERVICES

258.300	Screening service requirements
258.310	State-operated facility admission criteria
258.320	State-operated facility admission disposition
258.330	Court-ordered admissions
258.340	Admission of individuals alleged to be subject to involuntary admission
258.350	Court linkage
258.360	Linkage and continuity of care
258.370	Confidentiality
258.380	Clinical records
258.390	Service area boundaries, community service area boundaries and requirements
258.400	Responsibility for undomiciled individuals and individuals from a geographic area other than that served by the participating mental health center
258.410	Interagency linkages

**DEPARTMENT OF MENTAL HEALTH AND  
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**NOTICE OF PROPOSED RULES**

**SUBPART D: QUALITY ASSURANCE**

- 258.500 Quality assurance requirements and performance indicators
- 258.510 Contract dispute resolution
- 258.520 Disposition dispute resolution process
- 258.530 Utilization review hearings
- 258.540 Complaint investigation

**AUTHORITY:** Implementing P.A. 88-484, effective September 10, 1993, and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Department of Mental Health and Developmental Disabilities Act [20 ILCS 1705/5].

**SOURCE:** Adopted at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**NOTE:** Bold-face type denotes statutory language.

**SUBPART A: GENERAL PROVISIONS**

**Section 258.100 Purpose**

a) The requirements set forth in this Part establish criteria for participation by providers which voluntarily elect to become "participating mental health centers" (PMHCs) as defined in Section 258.130. These requirements are for the purpose of assuring that individuals at risk of hospitalization in State-operated facilities are assessed for need for hospitalization and receive the least restrictive appropriate services based on an assessment of their needs and the services available.

b) The Department shall use these requirements to enter into formal agreements with providers to become participating mental health centers.

c) The service goals include, but are not limited to the following:

- 1) Providing a range of services so that individuals can receive these services in settings which do not unnecessarily restrict their liberty;
- 2) Enabling individuals with a mental illness to access services, commensurate with their preferences and needs;
- 3) Preventing unnecessary hospitalization and dislocation or extrusion of individuals with a mental illness from their home communities;

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- 4) Insuring continuity of care; and
- 5) Providing for a quality assurance process for screening services.

**Section 258.110 Incorporation by reference**

Any rules of an agency of the United States or of a nationally-recognized organization or association that are incorporated by reference in this Part are incorporated as of the date specified and do not include any later amendments or editions.

**Section 258.120 Individuals' rights**

To insure that the individuals' rights are protected and that all services provided to individuals comply with the law, participating mental health centers shall ensure that:

- a) The rights of individuals shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/2-100 through 2-202].
- b) The right of individuals to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110].
- c) All other applicable local, State and federal mental health laws are fully complied with.
- d) Staff shall inform individuals in writing of the following:
  - 1) Their rights in accordance with subsections (a) and (b) of this Section.
  - 2) Their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., (the agency designated by the Governor under Section 1 of the Protection and Advocacy for Mentally Ill Persons Act) [405 ILCS 45/1], the PMHC's human rights or grievance committee and the Department. On request staff shall offer assistance to individuals in contacting these entities giving each individual the address and telephone number of the Guardianship and Advocacy Commission, Equip for Equality, Inc., the PMHC human rights or grievance committee and the Department's Quality Care line 1/800-843-6154.

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3) This information shall be given to the individuals and guardians, if any, in a language which they understand or in sign language if the individual is hearing impaired.

e) Individuals or guardians shall be permitted to present grievances and to appeal adverse decisions of the PMHC. This shall be done in accordance with Section 258.530.

f) Individuals shall not be denied, suspended or terminated from services or have services reduced for exercising any of their rights.

Section 258.130 Definitions

For the purposes of this Part, the following terms are defined:

"Act." The Department of Mental Health and Developmental Disabilities Act [20 ILCS 1705].

"Admitting privileges." The privilege to admit an individual for treatment to an inpatient setting, extended to persons who are members of the hospital's medical staff organization, and who meet that hospital's credentialing standards, and the standard as required by Illinois law.

"Aftercare." The continuation of needed care of and services to an individual discharged from a State-operated facility in an appropriate setting with individualized follow-up services.

"Alternative services." Appropriate treatment provided in the community to an individual with a mental illness when there is an assessment determining that hospitalization in a state operated facility is not necessary.

"Assertive community treatment (ACT)." A specialized service delivery and coordination method and process in which a staff team assumes ultimate accountability for a defined case load with a staff-to-client ratio of 1 to 10 or 15 clients and becomes the single point of responsibility for that case load throughout their tenure in the service system. In this context, assertive community treatment means that staff are extremely persevering, on a consistent basis, sometimes insistent, and always energetically persuasive in the face of resistance, negativity, and symptomatic behavior. It means including delivering services in the client's home and their local community, but seldom in the office, and continuously formulating positive goals with the individual and creating appropriate opportunities for treatment, support, and rehabilitation.

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"Assessment." The use of a professionally developed objective approach with which to evaluate the physical, social, developmental, behavioral, psychosocial and other aspects of an individual.

"Authorized representative." The administrative head of an entity appointed by the entity's governing body with overall responsibility for fiscal and programmatic management.

"Case coordinator" or "coordination." The person or mechanism for assuring and coordinating services to meet the individual's needs, including assessment of service needs, development of individualized plans, arrangement for service delivery, advocacy with service providers, and follow-up.

"Clinical psychologist." A person licensed pursuant to the Clinical Psychologist Licensing Act [225 ILCS 15].

"Clinical record." Documentation kept by a facility or community provider in the course of providing services to an individual with a mental illness concerning the individual and the services provided.

"Clinical social worker." A person who holds a license pursuant to the Clinical Social Work and Social Work Practice Act [225 ILCS 20] authorizing the independent practice of clinical social work in Illinois.

"Code." The Mental Health and Developmental Disabilities Code [405 ILCS 5].

"Communication assistance." Services that enable the individual to communicate effectively with providers. Such services include non-English speaking interpreters, sign language interpreters, augmentive communication devices and assistive listening devices.

"Community provider." A community organization or facility which provides treatment services to individuals with a mental illness. Such organizations or facilities may have contractual arrangements with the Department to provide such services.

"Community service area." The established geographic boundaries as defined herein, within which a participating mental health center and other service agencies provide services. (Section 1-114.4 of the Code)

"Confidentiality Act." The Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110].

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**"Continuity of care."** Refers to a systematic approach to the provision of the kind of care necessary at the time it is needed, where it is needed, with a relatedness between past, present and future care in conformity with the therapeutic needs of the individual. It includes the principle that the individual care is primarily the responsibility of the community provider -- provider regardless of the location of service -- and that services must be consistent across settings. Continuity of care requires involvement of the community provider in the provision of services in the community, in screening for inpatient admissions, in planning and provision of inpatient treatment, in planning for discharge, and in providing post-hospital care.

**"Continuity of care agreement."** A written agreement signed by representatives of a community provider and the Department which spells out the respective responsibilities of community providers and State-operated facilities in assuring continuity of care for individuals admitted to, treated in, and discharged from State-operated facilities.

**"Day(s)."** Calendar days unless otherwise specified.

**"Department."** The Department of Mental Health and Developmental Disabilities.

**"DCFS."** The Department of Children and Family Services.

**"Dependent."** Any person who relies on the individual being screened as a primary caregiver and whom is unable to care for himself or herself. This may include minors, persons with disabilities or parents living with the individual being screened.

**"Diagnosis."** A category of disorder stated in accordance with either the Classification in Mental Retardation (American Association on Mental Retardation (AAMR), 1719 Kalorama Road, N.W., Washington, D.C. 20009 (1992)), the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, revised (DSM-III-R, American Psychiatric Association (1987)), or the International Classification of Diseases, Clinical Modification, Fourth Edition (ICD-9-CM) (Commission on Professional and Hospital Activities, Edwards Brothers, Ann Arbor, Michigan 48106 (1991)).

**"Director."** The Director of the Department of Mental Health and Developmental Disabilities.

**"Discharge."** The full release of an individual from a State-operated facility.

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**"Facility director."** The chief officer of a mental health facility or his or her designee or the supervisor of a program of treatment, or his or her designee. Designee may include a physician, clinical psychologist, social worker, or nurse. (Section 1-104 of the Code) "Family" or "families." A basic unit or constellation of one or more adults and/or children, foster or adoptive parents and children, and private individual guardian(s).

"Formal agreement" or "agreement." The contract or other document entered into between the Department and the participating mental health center which approves and authorizes the entity to function as a participating mental health center.

**"Guardian."** The court-appointed Guardian of the person and/or estate under the Probate Act of 1975 [755 ILCS 5].

**"Homeless."** Individuals lacking a fixed and regular nighttime residence including individuals whose primary nighttime residence is a temporary shelter, temporary accommodation in the residence of another individual or a place not designated for or ordinarily used as a regular sleeping accommodation (e.g., park, bus station, automobile). The term does not include individual(s) under 21 years of age provided care or services in a facility licensed by DCFS. (Child Care Act of 1969 [225 ILCS 10])

**"Hospitalization"** or "hospitalized." The treatment of an individual by a mental health facility as an inpatient. (Section 1-112 of the Code)

**"Individual."** A recipient of services as defined by Section 1-123 of the Code.

**"Individual integrated services/treatment plan"**, "services/treatment plan", or "plan." A written plan which includes an assessment of the individual's strengths and needs, a description of the variety of services needed, regardless of availability, objectives for each service to be provided, the role of the individual or guardian, significant others and the family in the implementation of the plan when indicated, an anticipated timetable for the accomplishment of objectives, and the name(s) of the person(s) responsible for the plan's implementation.

**"Informed consent."** Permission freely granted by an individual who has the legal capacity to give informed consent, or legal guardian, for the release of information, for participation in services specified or for the use of a specific procedure based on full disclosure to the individual or guardian of the nature of risks and benefits of the

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proposed services, the alternatives to the proposed services, and the individual prognosis with and without the proposed services.

"Intake." The administrative and assessment process for admission to a facility or program.

"Interdisciplinary process." A set of steps or a system to assess an individual's strengths and needs with input from the individual requesting and/or receiving services and from the disciplines providing or targeted to provide services in order to develop a services plan, and to review and update the plan.

"Interdisciplinary team" or "team." A group consisting of at least the individual, the individual's family (except when an individual who is legally competent or the guardian of an individual who is legally incompetent does not desire the individual's family to participate), the guardian, as well as representatives of the disciplines and services necessary to identify the individual's needs and to design services and alternatives to meet them. At least one member of the team shall be a qualified mental health professional and a qualified mental retardation professional (when appropriate as in the case of dual diagnosis), as defined in the Department's rule at 59 Ill. Adm. Code 115.20, depending on the individual's diagnosis. (Section 1-19 of the Code)

"Involuntary admission." The admission of an individual who has a mental illness and who because of his or her illness is reasonably expected to inflict serious physical harm on himself or herself or another in the near future; or who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm. (Section 1-19 of the Code)

"Local area network (LAN)." A consortium of stakeholders organized for the purpose of facilitating a comprehensive system of care for the Department's priority populations. The local area network brings together key mental health stakeholders to plan, organize, and implement a comprehensive service system within designated geographic areas. The LAN is organized through a steering committee which is facilitated by the coordinating agency(ies). At a minimum the LAN steering committee includes Department funded providers, DCFS funded providers (LANs for children and adolescents only), 1500 Boards (comprehensive community based youth services providers/youth services planning boards; children and adolescents LANs only), Section 17 of the Children and Family Services Act [20 ILCS 505/17] primary and secondary consumers, State-operated facility staff, 708 Boards (local mental health authorities) (the Community Mental Health Act [405 ILCS 20]) and 553 Boards (public health departments) [55 ILCS 5/5-25001]. LAN meetings are held to

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include broad community participation in the local planning. The LAN provides a framework for a unified service system which includes but is not limited to clarifying which agencies within a geographic area will take responsibility for assessment, triage, and comprehensive treatment, eliminating gaps in service, and improving communication among providers. (Section 5-25001 of the Counties Code)

"Linkage." Person-to-person contact between either the individual or the staff at a community provider or at the State-operated facility from which an individual is being discharged and the staff of another community provider which has agreed to provide necessary aftercare services following the individual's discharge or referral to another community provider to assure coordination of aftercare plans and referral of the individual to the community agency.

"Mandated follow-up." The statutorily-required monitoring of individuals placed by the Department in licensed long-term care facilities using on-site visits to the facility for the purpose of observing the health, well-being and adjustment of the individual as well as the appropriateness of the services and the suitability of the facility. This monitoring activity must be provided for 12 months following placement, including weekly visits during the first month, or for longer periods as required. (Section 15 of the Act)

"Medicaid certification." Certification by the Department's Bureau of Quality Assessment or the DCFS Office of Medicaid Certification that the agency is in compliance with the Department's rules at 59 Ill. Adm. Code 132 and may be enrolled by the Department of Public Aid for participation in the mental health Medicaid initiative. Such agencies may receive Medicaid contracts with the Department or DCFS for reimbursement of services.

"Medication." A substance, whether a prescribed or an over-the-counter drug, that is taken by or administered to an individual to treat a physical, emotional, or mental condition.

"Mental health facility." Any licensed private hospital, institution or facility or section thereof, and any facility, or section thereof, operated by the State or a political subdivision thereof for the treatment of individuals with a mental illness and includes all hospitals, institutions, clinics, evaluation facilities, and mental health centers which provide treatment for such persons. (Section 1-114 of the Code)

"Mental illness." A mental or emotional disorder verified by a diagnosis contained in the DSM-III-R or ICD-9-CM or subsequent revisions thereof, which substantially impairs the individual's

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"cognitive, emotional and/or behavioral functioning; excluding V codes, organic disorders such as dementia and those associated with known or unknown physical conditions such as hallucinosis, amnestic disorder, and delirium; psychoactive substance induced organic disorders; and mental retardation or psychoactive substance use disorder. For purposes of this part, this does not exclude individuals with a dual diagnosis of mental illness and mental retardation or mental illness and psychoactive substance use disorders.

"Moral turpitude." Quality of being inherently base, depraved, vile or wicked.

"Participating mental health center (PMHC)." A community mental health center, other community entity, or child welfare agency providing mental health services, which has entered into a contract or formal agreement with the Department on or after July 1, 1994, to provide screening of individuals for hospitalization in State-operated mental health facilities and for alternative treatment to hospitalization, and other services for individuals with mental illness in a designated community service area. (Section 114.2 of the Code)

"Performance indicator." Measurements that can be used to operationally specify how well an organization is functioning along one or more dimensions that represent agreed upon goals or values of a program. The measures are quantitative, objective and calibrated against some standard(s) that permit comparison within organizations over time and between organizations participating in the program.

"Physician." Any person licensed by the State of Illinois to practice medicine in all its branches and includes any person holding a temporary license as provided in the Medical Practice Act of 1987 [225 ILCS 60]. (Section 1-120 of the Code)

"Presented." Means an individual who was brought for mental health services to a SOF or PMHC by another person. It includes anyone whom the PMHC was requested to screen at a remote location, including but not limited to, emergency rooms, jails, police stations, shelters, state operated facilities and homes.

"Presenting." An individual comes to a State-operated facility (SOF) or PMHC seeking mental health services.

"Program." An organized system of services designed to provide for the treatment needs of individuals.

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"Psychiatrist." A person, as defined under "Physician" in this Section, who is board eligible or board certified in psychiatry, or who qualifies as a psychiatrist under Section 1-121 of the Code; i.e., is a physician with at least three years of formal training or experience in the diagnosis and treatment of mental illness.

"Qualified certifier." A physician, licensed clinical psychologist (Clinical Psychologist Licensing Act [225 ILCS 15]) or a qualified examiner who is employed or under contract with a participating mental health center for the purpose of providing evaluation and screening for State-operated mental health facility admissions. (Section 1-114.3 of the Code)

"Qualified examiner." A person who is a licensed clinical social worker (Social Work and Social Work Practice Act [225 ILCS 20]) with a master's or doctoral degree in social work from an accredited graduate school of social work and who has at least three years of supervised post-master's degree clinical social work practice which shall include the provision of mental health services for the evaluation, treatment and prevention of mental and emotional disorders; or a registered nurse (Illinois Nursing Act of 1987 [225 ILCS 65]) with a master's degree in psychiatric nursing who has three years of clinical training and experience in the evaluation and treatment of mental illness which has been acquired subsequent to any training and experience which constituted a part of the degree program. (Section 1-122 of the Code)

"Quality assurance (QA)." A systematic and objective approach to monitoring and evaluating the appropriateness, adequacy and quality of services.

"Registered nurse." A person who is licensed as a professional nurse under The Illinois Nursing Act of 1987.

"Screening, assessment and support services (SASS)." Intensive community-based mental health services funded by both the Department and DCFS which are provided to children who are at risk of or who actually experience hospitalization due to psychiatric reasons. SASS services include pre-admission screening services to determine a child's need for psychiatric hospitalization; intensive mental health services for up to 90 days for children determined to not need psychiatric hospitalization; monitoring, discharge linkage and after care planning for children who are hospitalized for psychiatric reasons; and intensive mental health services for up to 90 days for children discharged from psychiatric hospitalization.

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**"Service area."** The established geographic boundaries as defined by the Department, composed of several community service areas, within which State-operated mental health facilities provide services. (Section 1.114.5 of the Code)

**"Services."** Treatment, as defined here in this Section.

**"Screening."** The act of evaluating on a face-to-face basis an individual presenting or presented for admission into a State-operated facility, for the appropriateness of admission or for alternative treatment.

**"SIA."** Subject to involuntary admission.

**"Significant other(s)."** The individual's legal guardian, if one has been appointed, the individual's family, members of the immediate household and close friend(s).

**"State-operated facility"** or **"State-operated mental health facility"** or **"SOF."** A mental health facility operated by the Department. (Section 1-114.1 of the Code)

**"Statewide Coordinator of Deaf Services."** An employee designated by the Department to provide information and assistance relative to the needs of individuals who are deaf, deaf-blind, late deafened, or hard of hearing.

**"Termination."** The formal discontinuance of mandated follow-up monitoring of individuals placed in licensed long-term care facilities or discontinuance of case coordination for individuals who were previously served in State-operated facilities.

**"Treatment."** An effort to accomplish an improvement in the mental condition or related behavior of an individual. Treatment includes, but is not limited to, hospitalization, partial hospitalization, outpatient services, examination, diagnosis, evaluation, care, training, psychotherapy, pharmaceuticals and other services provided for individuals by mental health facilities. (Section 1-128 of the Code)

**"Undomiciled."** Not having a residential address which is assignable to a specific State of Illinois geocode (geographic area). Includes individuals who are permanent residents of other states or countries and "residents" of Illinois who are homeless but who may be assigned a geocode for purposes of the provision of service.

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**"Uniform screening and referral form (USARF)."** A standard form completed by participating mental health centers to summarize the findings and recommendations resulting from a screening for SOF admission or deflections.

**"Utilization review."** The process of using predefined criteria to evaluate the necessity and appropriateness of admission to and treatment in a program or set of services. This process should not be confused with the utilization review hearings held in accordance with the Department's rule at 59 Ill. Adm. Code 112.10.

**"Utilization review hearing."** A hearing convened in accordance with the Department's rule at 59 Ill. Adm. Code 112.10 to hear the facts concerning an objection to a denial of admission, objection to a transfer or objection to discharge.

## SUBPART B: PARTICIPATING MENTAL HEALTH CENTER REQUIREMENTS

## Section 258.200 Applicability

This Part shall apply to all public or private agencies, corporations or organizations which seek to be participating mental health centers and are, therefore, subject to Department review.

## Section 258.210 Criteria for application and participation

- a) Medicaid certification
  - The applicant shall provide evidence of Medicaid certification under the Department's rules at 59 Ill. Adm. Code 132, Medicaid Community Mental Health Services Program, or be a Department-funded community mental health center that is part of or formally affiliated with a licensed hospital providing psychiatric services, inpatient or outpatient. (Hospital Licensing Act [210 ILCS 85])

## b) Necessary services or linkages

An entity applying for participation as a participating mental health center (PMHC) must make reasonable efforts to assure the provision of the services set forth below either directly through its own organization or through written linkage agreements with other entities.

- 1) Twenty-four hour crisis response capacity including the ability to provide screening services detailed in Subpart C of this Part and necessary interventions in order to stabilize the crisis;

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2) Crisis intervention services as described in the Department's rules at 59 Ill. Adm. Code 132;

3) Crisis residential services;

4) Service needs evaluation or rehabilitation needs assessment, and treatment planning as described in the Department's rules at 59 Ill. Adm. Code 132;

5) Outpatient treatment;

6) Psychiatric treatment as described in the Department's rules at 59 Ill. Adm. Code 132;

7) Access to acute inpatient hospitalization in a community hospital providing psychiatric service;

8) Day treatment as described in the Department's rules at 59 Ill. Adm. Code 132;

9) Case management services as described in the Department's rules at 59 Ill. Adm. Code 132;

10) Access to an array of housing and residential services which may include a range from independent intermittent supervision to a setting with 24-hour on site supervision; and

11) Linkage with any assertive community treatment program which may serve the community service area.

c) Psychiatrist services

The applicant shall assure the availability of services by a psychiatrist as defined in Section 1-121 of the Code, sufficient to meet the level of screening service demand of the community service area.

d) Local area network recommendation

The applicant shall provide written recommendation from the steering committee of the local area network(s) (LANs) indicating that the applicant has developed the application for PMHC status with the input of the LAN steering committee(s) for adult services and/or children and adolescent services.

e) Continuity of care agreement

The applicant must have signed the Department continuity of care

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2) Crisis intervention services as described in the Department's rules at 59 Ill. Adm. Code 132;

3) Crisis residential services;

4) Service needs evaluation or rehabilitation needs assessment, and treatment planning as described in the Department's rules at 59 Ill. Adm. Code 132;

5) Outpatient treatment;

6) Psychiatric treatment as described in the Department's rules at 59 Ill. Adm. Code 132;

7) Access to acute inpatient hospitalization in a community hospital providing psychiatric service;

8) Day treatment as described in the Department's rules at 59 Ill. Adm. Code 132;

9) Case management services as described in the Department's rules at 59 Ill. Adm. Code 132;

10) Access to an array of housing and residential services which may include a range from independent intermittent supervision to a setting with 24-hour on site supervision; and

11) Linkage with any assertive community treatment program which may serve the community service area.

c) Psychiatrist services

The applicant must provide evidence of completion of preliminary planning with the State-operated facility (SOF) serving the applicant's community service area. Such preliminary planning is to include the specification of SOF bed utilization for the community service area for the past five years and at the time of application, and the agreed range of utilization which is anticipated.

f) State-operated facility bed utilization agreement

The applicant must provide evidence of completion of preliminary planning with the State-operated facility (SOF) serving the applicant's community service area. Such preliminary planning is to include the specification of SOF bed utilization for the community service area for the past five years and at the time of application, and the agreed range of utilization which is anticipated.

g) Service population

The preferred service population for one PMHC includes all age ranges. The PMHC may serve adults only, or children and adolescents only, if another PMHC serves the other age range for the designated community service area. In such situations, a written agreement for interagency linkage must be obtained. The preferred PMHC for children and adolescents shall be an agency funded by either the Department or DCFS to provide SASS services.

h) Written plan for implementation and services

The applicant shall provide a written plan describing the community service area boundaries to be served, the implementation process and available services. Such plan shall address provisions for subsections (a) through (g) of this Section and implementation or availability of Subpart C and Subpart D of this Part.

Section 258.220 Application and formal agreement

a) Application forms

1) Applicants shall obtain forms to become PMHCs under this Part by writing to: Department of Mental Health and Developmental Disabilities, ARTN: Participating Mental Health Center Services, Division of Mental Health and Forensic Services, William G. Stratton Building, Suite 400, Springfield IL 62765.

2) The application shall require an applicant to certify that it meets the criteria for application and participation as described in Section 258.210. In addition, the application shall request information about:

A) The applicant including the type of ownership, the names of all owners, partners and stockholders;

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- B) Site addresses and telephone numbers; and
- C) The authorized representative for the applicant.
- 3) The authorized representative for the applicant shall sign and date the application forms.
- b) Application acceptance and verification
  - 1) Applications or renewals shall be deemed received by the Department on the postmark date.
  - 2) The Department shall notify an applicant of any error or omission made in the submission of an application within 30 days after receipt of the application. Failure of the Department to respond shall not constitute a waiver of the requirements. If the applicant fails to respond to the notice within 30 days after its postmark date, the Department shall terminate the application process and notify the applicant within 60 days after the postmark date of the original notice.
  - 3) The Department shall either approve or disapprove a completed application within 120 days after its receipt. If an application is incomplete, the Department shall notify the applicant of the status.
  - 4) The Department may verify information supplied in applications.
- c) On receipt of a completed application and verification of the applicant's compliance with this Part, the Department shall approve the application and enter into a formal agreement with the applicant which will authorize applicant to act as a participating mental health center as provided in the Code and this Part.
- d) The Department shall negotiate with the applicants to establish reasonable dates on which the agreements shall become effective, to assure an orderly implementation which shall not unduly disrupt current procedures and processes. This process may involve implementation of a limited number of participating mental health centers starting on July 1, 1994; the exact number to be determined by the Department.
- e) The Department may conduct scheduled reviews of participating mental health centers. The Department shall review the records required under this Part or premises, or both, as it deems appropriate for the purpose of determining compliance with the Code

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and this Part. Any deficiencies noted shall be responded to by the participating mental health center within 30 days. The response shall be considered as accepted unless the Department indicates otherwise in writing within 30 days after receipt of that response. Reviews of PMHC's shall be coordinated with other review procedures conducted by the Department.

- f) The term of the formal agreement is for one year, with the year beginning on July 1st and ending on June 30th. Initial agreements that are not signed by July 1st shall nonetheless end June 30th.
- g) In the event that multiple agencies submit competing applications to serve as a PMHC for the same population of a community service area, the Department shall enter into a formal agreement with the applicant that the Department determines to be most qualified to provide the necessary services, based on past experience with the providers and the resources available to the providers and the recommendation of the local area network.
- h) Any agency denied a formal agreement to provide PMHC service pursuant to Section 258.220(g) may appeal the denial in accordance with Section 258.270.

Section 258.230 Renewal of formal agreement

- a) On Department notification, each participating mental health center shall submit a signed and dated renewal application at least 120 days prior to expiration of the current agreement if renewal is sought.
- b) PMHCs in compliance with this Part shall be renewed for an additional one-year period.
- c) If the Department does not approve an application for renewal, it shall notify the PMHC in writing 90 days prior to the expiration of the agreement.
- d) Notice of the Department's decision not to renew an agreement shall include a clear and concise statement of the reason on which the determination is based and notice of the opportunity for a hearing.

Section 258.240 Non-transferability of formal agreement

- a) A formal agreement is not assignable or transferable.
- b) Discontinuation of operations causes the agreement to be void.

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**Section 258.250 Withdrawal**

- a) If, at any time, a PMHC determines that it will terminate operation as a participating mental health center, it shall notify the Department of its decision at least 60 days prior to the date of termination.
- b) This notice shall be given to the Department, to service providers working with the PMHC and to the affected court system(s) including the state's attorney and public defender, and to the Guardianship and Advocacy Commission.
- c) The notice shall state the proposed date for cessation and the reason.
- d) The PMHC shall continue to be liable for all actions arising from the duties as a participating mental health center during the timeframe of the contract, and shall maintain responsibility for any hearings under Section 258.540 or required court testimony arising from its actions as a participating mental health center.

**Section 258.260 Denial of or revocation of formal agreement**

- a) The Department may deny or revoke an agreement at any time if the PMHC:
  - 1) Fails to comply with the service requirements identified in Subpart C of this Part;
  - 2) Fails to comply with the general agency requirements identified in Subpart B of this Part; or quality assurance requirements identified in Subpart D of this Part;
  - 3) Fails to correct deficiencies identified as a result of an on-site review by the Department;
  - 4) Submits false information either on Department forms or during an on-site review;
  - 5) Refuses to permit or participate in an on-site review;
  - 6) Willfully violates any rights of individuals being served; or
  - 7) Fails to comply with the terms of the formal agreement.
- b) If the Department determines that the health and safety of individuals is at risk, the agreement shall be revoked, at the Department's discretion, as soon as practical while preserving the health and safety of the individuals served by the PMHC. The Department shall

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immediately take all steps necessary to insure the health and safety of all affected individuals.

- c) Notice of intent to revoke will be given 90 days prior to the date of revocation, if the health and safety of individuals is not at risk.
- d) The 90 days notice period may be used by the PMHC to correct deficiencies, and on submission of proof of correction, the revocation may be reversed.
- e) The Department shall refuse to enter into an agreement or renew an agreement or shall revoke an agreement with an applicant if the owner and/or authorized representative of the applicant or licensee has been convicted of a felony, or a misdemeanor involving moral turpitude, as shown by a certified copy of the court judgment of conviction.
- f) If a PMHC contests the Department's decision regarding the denial or revocation of the agreement, it can request a hearing pursuant to Section 258.270, by providing written notice of the request.

**Section 258.270 Hearings regarding denial or revocation of formal agreement**

- a) An agreement may not be denied or revoked unless the agency is given written notice of the grounds for the Department's action.
- b) The agency may appeal the Department's proposed action by making a written request to the Director for a hearing within 15 days after the postmark date of the Department's written notice.
- c) The Department shall schedule a hearing within 20 working days after receipt of the request for appeal. The agency shall be notified by registered mail not less than 14 days prior to the date of the hearing. The notice shall include the date, time and place of the hearing and a short statement of the issues to be decided.
- d) The hearing shall be conducted by an administrative law judge authorized by the Director to conduct such hearings.
- e) Prior to the hearing date, the administrative law judge may hold a conference, either personally or by telephone, to resolve or narrow issues.
- f) At the hearing, both parties may present written and oral evidence. The Department shall have the burden of proving that there was substantial evidence of non-compliance with these standards. Substantial evidence is such evidence as a reasonable person can accept as adequate to support a conclusion (i.e., consists of somewhat

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less than a preponderance of evidence).

g) The administrative law judge shall issue his or her written decision within 15 working days after the hearing. The decision shall include a statement of facts about the appeal and the administrative law judge's conclusions. Copies of the decision shall be sent to the agency and the Department.

h) If the agency is not satisfied with the administrative law judge's decision, it may request a review of the decision by the Director or his or her designee. The request must be made in writing to the Director no later than 10 working days after the postmark date of the decision.

i) On receipt of the request for review, the Director or his or her designee shall review the administrative law judge's decision and copies of all documents considered at the hearing. Within 20 working days of receipt of the request for review, the Director or his or her designee shall issue a written decision upholding or reversing the administrative law judge's decision. Copies of the decision shall be sent to the Department and the agency.

j) The Director's or his or her designee's decision shall constitute a final administrative decision.

k) If the agency does not request a hearing, or, if after conducting a hearing, the Department determines that the agreement should be denied or revoked, the Department shall issue an order to that effect.

**Section 258.280 Annual directory**

The Department shall annually publish and make available to interested persons and organizations a directory of participating mental health centers. The directory shall include the address, telephone number, and geographic area covered by each participating mental health center.

**SUBPART C: SCREENING AND DISPOSITION SERVICES**

**Section 258.300 Screening service requirements**

a) The participating mental health center shall assure that all individuals presenting or presented in their community service area for admission to State-operated facilities are screened. It shall provide the screening service directly or through written agreements with other service providers (e.g., SASS programs) in the community service area.

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less than a preponderance of evidence).

b) Screening shall be available on a 24-hour basis, every day of the year. Acknowledgement of the request for screening shall occur within 60 minutes after the request. The face-to-face screening shall be initiated within 90 minutes after the acknowledgement of the request (or in such time as is reasonable to accommodate the geography and service needs of the community service area).

c) All persons presenting or presented for admission to a State-operated facility shall be screened on a face-to-face basis and the screening shall be completed screening within four hours after notice of need for screening.

d) Screening shall be available whenever necessary at sites other than the designated community screening site, based on consumer and service area needs and shall be available for individuals who are homeless wherever they may be located. Screenings shall be conducted in settings which are judged by the qualified certifier to be safe for all parties involved in screening activities.

Staffing composition

1) There shall be adequate qualified personnel to ensure the continuous availability (24 hours per day, every day of the year) of face-to-face screening at locations in the community service area as needed.

2) Staff qualified to conduct a screening which results in a State-operated facility admissions screening are to be qualified certifiers as defined in Section 258.130.

3) Staffing for screenings shall include qualified sign language interpreters on contract to be on call to provide communication assistance in order to assess the mental health status of an individual who is deaf or deaf-blind, or who uses sign language to communicate. Lists of qualified interpreters will be made available by the Department's Statewide Coordinator of Deaf Services for individuals who are deaf and hard of hearing.

f) The screening shall assess:

1) The individual's identification of the problem and his or her service needs;

2) Signs and symptoms of mental illness;

3) Mental status;

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4) Present level of functioning;

5) Dangerousness to self or others;

6) History of and current alcohol or substance abuse;

7) Estimate of level of intellectual functioning;

8) Brief treatment history, current medications, and community agency involvement;

9) Recent psychosocial stressors and possible precipitants for the current deterioration;

10) Diagnostic impression;

11) Preliminary estimate of income;

12) Insurance or other hospitalization benefits;

13) Criminal charges, if any;

14) Social support system;

15) Presence of dependents;

16) To the extent that information is immediately available to the screener, whether dependent(s) of the individual being screened is at risk based on:

A) Reports or evidence of recent or past abuse or neglect of dependent(s), or

B) The individual being screened exhibits present or past severe behavioral propensities from which it could reasonably be concluded that dependent are at risk of abuse or neglect.

17) Housing status.

g) The qualified certifier shall inquire as to the presence of current medical problems which may be further treated in the local community. This provision is in no way a substitute for the regular medical examination which anyone entering a State-operated facility would receive. It is prudent to medically evaluate individuals who are receiving treatment in community facilities.

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h) Whenever an individual presents or is presented for admission, the screening by the participating mental health center shall determine:

- 1) The individual's(s) symptoms, if any,
- 2) Whether those symptoms could be managed in the community and, if so, by what type of services or combination thereof;
- 3) Whether such services are presently available to the individual;
- 4) If such services are not presently available to the individual, the reason they are not available; and
- 5) Whether the individual's symptoms require admission to a State-operated facility;
- 6) In addition, the screening shall determine the existence of dependents when a parent or caregiver is screened, and if any exist, determine whether adequate arrangements have been made for the care of the dependent. If the individual requires hospitalization and such arrangements cannot be made, it is the responsibility of the screening agent to report to DCFS at 1/800/252-2873 in the case of minor dependent(s), or for adult dependents notify other appropriate authorities consistent with Section 11 of the Confidentiality Act.
- 7) These determinations shall be documented in a written record which is subject to the provisions of the Confidentiality Act, and which shall be considered in any review of a denial of admission conducted pursuant to Section 3-405 of the Code, and Section 258.540.
- i) Participating mental health centers shall use a uniform screening and referral form to be completed for each individual screened for SOF hospitalization regardless of outcome.

- 1) The uniform screening and referral form shall be designed by the Department with input for revision by PMHC's. The form shall be distributed by the Department.
- 2) A copy of the form shall be kept on file as a permanent part of the individual's clinical record at an identified location specified by the PMHC.
- 3) The PMHC shall assure that uniform screening and referral forms are maintained in such a manner that data can be periodically reviewed by the Department for chronological

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periods such as quarters of and full fiscal years.

4) If State-operated facility hospitalization is the outcome of the screening, the original of the uniform screening and referral form shall be provided to the State-operated facilities at the time of admission. The uniform screening and referral form shall be used for the written recommendation for admission to State-operated facilities.

5) If SOF hospitalization is the outcome, the uniform screening and referral form shall clearly state why a community alternative was not appropriate, the objective problems to be addressed through in-patient treatment, and the name of the recommended service provider to be responsible for continuity of care during and after hospitalization.

6) The original uniform screening and referral form shall be attached to any subsequent filed petition for involuntary admission.

j) If an individual presents or is presented at the SOF for admission without having been screened, the SOF shall contact the PMHC and arrangements shall be made for a screening by the PMHC in a location appropriate for the screening depending upon the individual's clinical condition.

**Screening disposition**

The screening shall result in a clear case disposition, with one of six possible outcomes, justified in the uniform screening and referral form:

1) A finding of no need for treatment;

2) A finding of need for appropriate alternative community services, with referral and linkage to that appropriate service;

3) A finding of need for acute hospitalization with hospitalization unavailable in a community inpatient setting, therefore resulting in a finding of need for State-operated facility admission, with a justified written recommendation in the uniform screening and referral form and arrangements made for transport to the State-operated facility;

4) A finding of need for acute hospitalization with hospitalization

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5) A finding of need for State-operated facility hospitalization, with a justified written recommendation in the uniform screening and referral form and arrangements made for transport to the State-operated facility; or

6) A finding that the individual could benefit from services, but refuses referral to either a hospital or to appropriate community services and does not meet criteria for involuntary hospitalization.

**Section 258.310 State-operated facility admission criteria**

a) Adult criteria

On application submitted pursuant to Sections 3-400 and 3-401 of the Code, any individual age 16 or older who applies for admission to a State-operated facility in any community service area that has a participating mental health facility, or who from such community service area applies directly to a State-operated facility, shall be admitted, if and only if,

1) No services exist within the community service area which are presently available to and appropriate for the individual for treatment and management of the presenting problem, and services in other geographic areas that are usually available to the PMHC cannot be accessed; and

2) Is an individual who is alleged to be subject to involuntary admission by way of a petition; or is alleged to be subject to involuntary admission by way of a petition but who in the opinion of the facility director, or his or her designee, may be clinically appropriate for voluntary admission; or is an individual who is presenting for voluntary admission without a petition; and is mentally ill and because of that illness is exhibiting or reasonably expected to exhibit in the near future any of the following:

A) Dangerous behavior posing a risk to self, others or property such as threats, acts or ideation of harm to self or others, or grossly distorted or inappropriate affect that could put the individual at risk of harm to self or others;

B) Impaired reality testing as manifested by disabling hallucinations, grossly distorted thought processes such as delusions, extreme disorientation or confusion accompanied by disturbed behavior; or

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C) Need for ongoing skilled observation due to inability to guard self from serious harm.

3) In non-emergencies an adult under the age of 21 shall be accompanied by a certification of need from a team of health care professionals, who are independent from the SOF, which is signed by a physician, and which certifies that the following regulatory elements are met:

A) Ambulatory care resources in the community do not meet the needs of the individual;

B) Inpatient treatment under the direction of a physician is needed; and

C) The services can reasonably be expected to improve the individual's condition, or prevent further regression so that services will no longer be needed.

b) Child and adolescent criteria

On application submitted pursuant to Sections 3-503 and 3-504 of the Code, any minor for whom application to a State-operated facility is made who resides in a community service area that has a participating mental health center shall be admitted only if:

1) No services exist in the community service area which are presently available to and appropriate for the individual for treatment or management of the presenting problem and facilities or services in other geographic areas that are usually available to the PMHC cannot be accessed;

2) The individual is a minor who is being presented on the application of the parent or guardian; or by a person in loco parentis, or of an interested person 18 years of age or older when, after diligent effort, the minor's parent, guardian or person in loco parentis cannot be located (Section 3-504 of the Code) or is a minor 16 years of age or older seeking voluntary admission, who is mentally ill and because of that illness is exhibiting a serious emotional or behavioral disturbance of an acute nature, requiring and likely to be responsive to an intensive level of short-term care available only in a psychiatric hospital with 24-hour access to physicians and nurses. Severe emotional and behavioral disturbance that may be attributable to mental illness and likely to be responsive to psychiatric hospitalization could be characterized by one or more of the following:

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A. Acute disabling symptoms such as impaired reality testing, rapid cognitive decline, formal thought disorder, bizarre or irrational behavior, hallucinations, severely depressed mood, affective lability, or dissociation;

B. Imminent danger to self, others, or property (attributable to primary psychiatric disease);

C. Acute impairment of interpersonal, familial, community, occupational, or academic functioning and/or significant disruption of normal developmental progress; or

D. Necessity for diagnostic procedure available only in the hospital setting, e.g., special drug therapy or continuous skilled psychiatric observation.

3) In non-emergencies the minor shall be accompanied by a certification of need from a team of health care professionals, who are independent from the SOF, which is signed by a physician, which certifies that the following regulatory elements are met:

A) Ambulatory care resources in the community do not meet the needs of the individual;

B) Inpatient treatment under the direction of a physician is needed; and

C) The services can reasonably be expected to improve the individual's condition, or prevent further regression so that services will no longer be needed.

4) Inability or unwillingness of the minor's parent or guardian to provide for his or her residence or care shall not be grounds for refusing to seek appropriate less restrictive treatment alternatives.

c) Medical clearance criteria

Individuals who require immediate acute or intensive medical care which requires services of medical hospital emergency rooms or inpatient medical settings not available in SOFs, shall be referred to a medical hospital and will not be accepted for admission to state operated facilities until medically stable.

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- d) No individual who meets the criteria set forth in subsection (a) or (b) of this Section shall be denied admission to a state operated facility because of the existence of mental health or related services in the community unless appropriate arrangements have been made for the actual provision of such services.
- e) In determining whether an individual applying for admission to a State-operated facility meets the above criteria, the state operated facility and PMHC shall, at minimum, consider the availability and appropriateness of the services set forth in Section 258.210(b).
- f) If it is determined that an individual is not in need of treatment, no treatment shall be provided.
- g) If it is determined that an individual is in need of treatment but does not meet the criteria set forth in subsection (a) or (b) of this Section, the applicant shall either be assisted in accessing hospitalization in a community inpatient setting or referred to and linked with appropriate community services as set forth in Section 258.360(a).

**Section 258.320 State-operated facility admission disposition**

- a) If the result of the screening is a recommendation for State-operated facility (SOF) admission, the PMHC qualified certifier shall:
  - 1) Contact the State-operated facility to inform the intake staff of the pending arrival of the individual, prior to the individual's departure for the SOF;
  - 2) Assure that the individual has a safe mode of transportation to the SOF that is appropriate to his or her condition and circumstances. Upon receipt of a petition and certificate prepared pursuant to Chapter III, Article VI of the Code, the county sheriff of the county in which the individual is located shall take the individual into custody and transport to the SOF. The county sheriff may make other arrangements with a public or private entity to transport the individual to the SOF or may delegate the duties to another law enforcement body if that body agrees; and
  - 3) By sealed envelope delivery, assure that the original of the uniform screening and referral form (the written recommendation for admission) and original petition and certificate(s) if completed, are available to the SOF at the time the individual arrives at the SOF.

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- b) When an individual is recommended for SOF admission, an SOF physician with admitting privileges must authorize the admission.
  - 1) Adults meeting the criteria for emergency or involuntary hospitalization shall be admitted if they are seeking voluntary admission or if they are accompanied by a petition for involuntary admission, or a petition and valid first certificate, or a petition and two valid certificates.
  - 2) Individuals not meeting the criteria set forth in Section 258.310(a) or (b) may be assessed by the SOF physician as not appropriate for admission.
  - 3) If the qualified certifier recommending admission is a physician with admitting privileges at the SOF, an individual seeking voluntary admission shall be admitted to the SOF.
  - 4) When an individual is recommended for voluntary admission by a qualified certifier who does not have admitting privileges, the individual shall be admitted by the SOF admitting physician unless the individual withdraws the voluntary application for admission or unless on examination by the SOF admitting physician serious doubt exists that the individual meets the criteria set forth in Section 258.310.
  - c) If serious doubt exists regarding the meeting of admission criteria on examination by the SOF admitting physician, the PMHC will be immediately contacted and a diligent effort will be made for a resolution of the difference of clinical opinion and for appropriate disposition.
    - 1) If after diligent effort an acceptable resolution cannot be negotiated, the PMHC and/or the SOF shall request activation of the disposition dispute resolution process as described in Section 258.520.
    - 2) While such diligent effort for resolution occurs, the individual seeking voluntary admission shall be admitted on an informal admission status in accordance with Section 3-300 of the Code.
  - d) If an individual presents directly to the SOF seeking voluntary admission the SOF shall contact the PMHC to discuss the case. If the PMHC has screened an individual and does not recommend admission of an individual seeking voluntary admission, the SOF shall not admit the individual unless the individual meets the criteria set forth in Section 258.310 based on the SOFs evaluation.

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e) An individual denied admission by the PMHC or the SOF may object to a denial of admission through the utilization review process described in Section 258.530.

## Section 258.330 Court-ordered admissions

On occasion the court may find that an individual requires examination, or detention and examination, prior to a court hearing to determine need for involuntary hospitalization. Courts may also hold hearings and order an individual involuntarily hospitalized at an SOF prior to the individual being admitted at the SOF. If the individual is being considered for detention for examination or for involuntary commitment at a State-operated facility, the individual shall be screened by the PMHC. The court may require an examination from another source in addition to the screening.

a) Participating mental health centers shall assure the availability of screening services for SOF admissions, to the court or courts to which their geographic area relates.

b) Screening services shall be available to the court prior to detention for examination at an SOF or prior to a court ordered involuntary commitment.

c) Courts may issue orders for detention and examination at SOFs or may order involuntary commitment to SOFs prior to the occurrence of a screening by a PMHC. If this occurs, the PMHC shall conduct the screening as soon as possible after the admission, possible but within 24 hours, at the SOF. Results of the screening shall be made available to the SOF and the court.

## Section 258.340 Admission of individuals alleged to be subject to involuntary admission

a) Participating mental health centers shall have the capability and shall be available to screen all individuals alleged to be subject to involuntary admission prior to SOF admission.

b) Individuals alleged to be subject to involuntary admissions (SIA) at an SOF, shall be screened by the participating mental health center, either (and preferably) before admission to the SOF or if that is not possible, within 24 hours after admission to the SOF.

c) Diligent efforts must be made to develop working relationships with all entities involved in the admission process of individuals who are alleged to be SIA and to inform all entities of the availability and desirability of PMHC screening of individuals who are alleged to be SIA in order to assure treatment in the least restrictive setting

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possible. Entities include (but may not be limited to) the courts, officers of the courts, police agencies, community hospitals, and community mental health service providers.

d) Involuntary admission process

- 1) Individuals may present or be presented to the PMHC for screening for SOF admission without a completed petition or petition and first certificate and may be objecting to hospitalization. If it appears to the screeners that admission is possible, the individual being screened shall be advised of his or her rights under Section 3-208 of the Code, orally or in sign language and in writing. If the screening indicates that hospitalization is necessary, the qualified certifier shall obtain the petition from an appropriate witness and complete the first certificate prior to transportation of the individual to the State-operated facility.
- 2) Individuals may present or be presented to the PMHC for screening for SOF admission with a completed petition for involuntary hospitalization. The individual being screened shall be advised orally or in sign language, and in writing of his or her rights under Section 3-208 of the Code by the qualified certifier. If the screening indicates that involuntary hospitalization is necessary, the qualified certifier shall complete the first certificate prior to transportation of the individual to the State-operated facility.
- 3) Individuals may present or be presented to the PMHC for screening with a completed petition and a completed first certificate. If the qualified certifier is a psychiatrist as defined by Section 1-121 of the Code, he or she shall complete the second certificate if the results of the screening so indicate, and after advising the individual of his or her rights under Section 3-208 of the Code.
- 4) If an individual presents or is presented to the PMHC for screening with a petition only, and the qualified certifier determines that involuntary hospitalization is not appropriate, due to the availability of appropriate alternative community treatment, the PMHC shall arrange for such alternative treatment. Arrangements shall be made for the next working day by firm referral that specifies the name of the person referred to, date, time and place or shall be made immediately if the individual requires immediate crisis intervention.

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5) If an individual presents or is presented to the PMHC for screening with a petition and completed certificate which has not yet been filed with the circuit court, and the qualified certifier determines through the screening that involuntary hospitalization is not needed due to the availability of appropriate alternative community treatment the qualified certifier shall:

A) Contact the qualified examiner, physician or clinical psychologist, who completed the first certificate and communicate the availability of the alternative treatment, and the reasons why the alternative is viewed as appropriate;

B) Attempt to obtain the agreement of the qualified examiner, physician or clinical psychologist who completed the first certificate, for use of the community alternative rather than hospitalization at the State-operated facility;

C) If the qualified examiner, physician or clinical psychologist who completed the first certificate agrees, the individual shall be enrolled in the community alternative; and

D) If the qualified examiner, physician, or clinical psychologist who completed the first certificate is unalterably opposed to an alternative to hospitalization in a SOF, the qualified certifier shall complete the uniform screening and referral form with the recommendation for alternatives to hospitalization and shall forward it along with the individual to the State-operated facility for review by the SOF admission psychiatrist who shall examine the individual for appropriateness for completion of the second certificate.

6) Individuals on whom a petition or petition and first certificate have been completed may bypass the PMHC screening under certain conditions:

A) When an individual presents such a danger that transportation to a screening site would result in significant additional risk to the individual or those who have him or her in custody and the qualified certifier cannot reasonably travel to the location of the individual; or

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5) If an individual presents or is presented to the PMHC for screening with a petition and completed certificate which has not yet been filed with the circuit court, and the qualified certifier determines through the screening that involuntary hospitalization is not needed due to the availability of appropriate alternative community treatment the qualified certifier shall:

A) The State-operated facility staff shall immediately inform the PMHC; and

B) The PMHC qualified certifier shall conduct the screening at the State-operated facility as soon as possible (but within 24 hours) in order to provide information to the SOF psychiatrist prior to the completion of the second certificate.

7) When PMHC screening is bypassed, and the individual is transported to the SOF:

A) The State-operated facility staff shall immediately inform the PMHC; and

B) The PMHC qualified certifier shall conduct the screening at the State-operated facility as soon as possible (but within 24 hours) in order to provide information to the SOF psychiatrist prior to the completion of the second certificate.

8) Whenever a screening has occurred which involves an individual who is alleged to be subject to involuntary admission (i.e., a petition and valid certificate have been completed) and the individual has been admitted to a State-operated facility, the information and recommendations of the screening shall be provided to the court to be available for any subsequent court hearing. The court may require the physical presence and testimony of the petitioner and/or qualified certifier in such hearings.

9) The qualified certifier shall inform the court of the appropriateness of the option of involuntary community treatment (alternative treatment) as described in Section 3-812 of the Code.

Section 258.350 Court linkage

Prior to implementation of screening by a PMHC in a specific geographic area, the PMHC shall develop and implement a plan for:

a) Informing the courts (i.e., the clerk and officers of the court) and police agencies of the pending availability of the screening process. This may be in conjunction with the Department.

b) Developing working relationships with the courts to facilitate the screening process; and

c) Providing assistance to the courts to assure that the courts and officers of the courts can effectively implement their responsibilities.

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**Section 258.360 Linkage and continuity of care**

a) When an individual is screened by the PMHC for SOF admission and the result of the screening is a finding that admission is not appropriate, the participating mental health center shall offer appropriate services for the individual's level of clinical need, and if the individual accepts the offer, the individual shall be formally linked to the necessary services. If services are necessary but immediate contact is not clinically necessary the person shall be seen by the community provider the next working day. To determine whether immediate contact is clinically necessary, the PMHC shall consider: Factors which may prevent linkage including access to transportation, familiarity with location, ease with which the individual can be contacted, conflicts with existing appointments and the individual's history of following through with services. For individuals who are homeless and mentally ill, immediate contact with services is always clinically necessary. In all cases, the service provider shall diligently seek to engage the individual in the clinically necessary service. Reasons for failure to see the individual by the next working day shall be documented in the individual's file.

b) When an individual is screened and admitted to an SOF, the PMHC shall notify the current community service provider(s) (if other than the PMHC) or that section of the PMHC that has or shall have continuing care responsibility for the individual admitted.

The current community service provider or section of the PMHC, that has or shall have continuing care responsibility shall contact the SOF the next working day and shall:

- 1) Participate as active members of the SOF treatment team;
- 2) Participate in the first individual master treatment plan development meeting;
- 3) Participate in other planned treatment team meetings (or special treatment team meetings) as deemed necessary;
- 4) Actively participate in the ongoing treatment process through periodic face to face contact with the individual during his or her stay in the SOF;
- 5) Participate in discharge and aftercare planning including plans related to housing as well as community mental health treatment;

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6) Assure that face to face treatment services commence in accordance with the discharge plan as soon as clinically appropriate, but in no case more than five days following discharge; and

7) Document treatment activities in the SOF clinical record, including the plan for post discharge community services.

Section 258.370 Confidentiality

To insure that the individual's rights are protected and that all services provided to individuals comply with the law, participating mental health centers shall ensure that:

- a) The rights of individuals shall be protected in accordance with Chapter 2 of the Code.
- b) The right of individuals to confidentiality shall be governed by the Confidentiality Act. The Confidentiality Act provides in Section 9.2 that for the purposes of continuity of care, the Department and community agencies funded by the Department may disclose an individual's record or communications, without consent, to each other, but only for the purpose of admission, treatment planning or discharge. Entities shall not redisclose any personally identifiable information, unless necessary for admission, treatment planning, or discharge of the identified individual to another setting.

Section 258.380 Clinical records

- a) The participating mental health center shall ensure the confidentiality of individuals' records in accordance with the Confidentiality Act and shall ensure safekeeping of all records maintained by it against loss or destruction.
- b) The PMHC shall maintain a clinical record for each individual screened which shall conform to the record keeping requirements of the Department's rules at 59 Ill. Adm. Code 132.

Section 258.390 Service area boundaries, community service area boundaries and requirements

- a) The Department may divide the State into districts and may change these area boundaries as appropriate and necessary for the purpose of regulating admission and transfers of individuals to State-operated facilities for the mentally ill. (Section 8 of the Act) For the purpose of this Part those districts shall be equivalent to service areas.

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**b) Geographic divisions**

Under Title II of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (42 U.S.C. 6000 (1991)), the Department is required to establish planning areas for the delivery of community mental health services. These planning areas are used to plan and develop a network of services among existing providers, to identify gaps in service provision, to develop programs to fill the gaps of highest priority, and to develop a local funding base, as evidenced by the Department's rules at 59 Ill. Adm. Code 103. In the rural areas of the State, these areas are composed of several counties; in the most heavily populated urban areas, single counties are divided into multiple planning areas.

c) For the purposes of this Part, the community service areas shall be established to integrate with the local area network of existing service providers for adults, and for children and adolescents, and to be composed of planning areas as set forth in subsection (b) of this Section. When necessary the Department may make modifications of the composition of the planning areas and local area networks to reflect the demographic and community profiles of the area, including community consensus, and how the community service area will conform to other political subdivisions; for example, to provide increased integration of children and adolescent services, the geographic boundaries for a PMHC screening children and adolescents may conform to DCFS youth service areas. For rural areas of the State, the community service area will be composed of contiguous counties, or portions thereof; while in more densely populated urban areas, the community service areas may consist of one or more planning areas, as established in subsection (b) of this Section in a given county.

d) The Department shall annually publish a list of community service areas indicating their geographic boundaries and their relationship to local area networks and the LANs geographic boundaries.

Section 258.400 Responsibility for undomiciled individuals and individuals from a geographic area other than that served by the participating mental health center

a) Admission screening by the participating mental health center shall take place for any individual who presents or is presented for screening, without regard to whether the individual is homeless, resides outside of the State or resides outside of the PMHC's geographic area of responsibility.

b) If an individual is without an identifiable point of residence (i.e., is homeless) and has no current identifiable service provider, the PMHC

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and its associated service providers shall provide community crisis intervention services or continuity of care services in the SOF to which the individual may be admitted as if the individual were living in a stable residence in the PMHC's geographic area.

c) If the individual is homeless and mentally ill and has no current service provider requires services beyond crisis intervention services, the PMHC shall link the individual to a community provider based on the following:

- 1) When community mental health services will most likely be delivered based upon the individual's stated preference;
- 2) The neighborhood where the individual typically stays;
- 3) Where the individual's significant support network is located; and
- 4) The PMHC.

d) If the individual with mental illness who is without an identifiable point of residence (i.e., homeless) has a current service provider outside of the PMHC's geographic area, the PMHC's responsibility shall arrange continuity of care services with that service provider as described in subsection (c) of this Section for individual's residing outside of the PMHC community service area. In making such arrangements the PMHC shall first consider the individual's personal preferences as to the location of the provider who will provide continuity of care services.

e) If an individual is screened who resides in a geographic area other than that of the participating mental health center, the PMHC's shall:

- 1) If the individual does not require SOF hospitalization but does require immediate crisis services, those services shall be provided, until the individual's care can be assumed by the responsible agency from the individual's geographic area of residence;
- 2) If the individual does not require SOF hospitalization or crisis service, then he or she shall be referred and linked to the responsible service provider from the geographic area of residence;
- 3) If the individual requires SOF hospitalization, the PMHC shall proceed in accessing SOF hospitalization; or

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4) If the individual requires services of any kind, the screening PMHC shall inform the responsible agency (and the PMHC for the responsible agency's community service area if such PMHC exists) of the disposition determination in these circumstances, within 24 hours or on the next working day of the agency to be notified, and shall confirm the disposition in writing.

**Section 258.410 Interagency linkages**

In geographic areas in which multiple mental health service providers exist, the participating mental health center shall have written linkage agreements with all DMHDD funded providers, with the LAN steering committee (adult LAN and children and adolescents LAN), and with other service providers as necessary, to assure that a full range of alternative mental health services is available to individuals who are screened for SOF admission. Such interagency agreements shall specify:

- a) The nature of the services provided;
- b) The criteria for enrollment in the services;
- c) Procedures to be used by the PMHC to access the services; and
- d) A mechanism for ongoing communication and cooperation between the PMHC and the other service provider.

**SUBPART D: QUALITY ASSURANCE**

**Section 258.500 Quality assurance requirements and performance indicators**

- a) The participating mental health center shall develop and implement a quality assurance plan for screening which shall include initial and continuing training requirements for all screening staff covering service delivery legal issues and consumer sensitivity. The quality assurance plan shall be approved by the Department.
- b) The Department shall monitor the quality of screening services on a periodic basis, at least annually, and shall require the development and implementation of plans of correction when quality assurance indicators indicate that established thresholds are not being met. The Department shall request data from PMHCs for the purposes of evaluation of PMHC performance as frequently as is necessary. Such data requests may be more frequent during the initial phases of implementation when interim reports are to be compiled.
- c) The quality assurance plan shall establish PMHC specific screening and deflection indicators which measure quality of care or service.

Such indicators may be changed from time to time as various aspects of care or service are identified as warranting monitoring. PMHC's shall provide quality assurance reports to the Department on a periodic basis as requested by the Department.

d) Primary and secondary consumer satisfaction shall be a required quality assurance indicator.

e) The Department, with input from community providers, interest groups and consumers, shall establish system-wide performance indicators for participating mental health centers which shall measure the effectiveness of screening and deflection services. Performance indicators may be changed from time to time by the Department after receiving input from PMHC's. Performance indicator data shall be provided to the Department as requested.

f) Participating mental health center and SOFs shall maintain performance records to include the following.

- 1) On a periodic basis, to be established by the Department, and at least annually, each participating mental health center shall provide a written report to the Department containing the following information for the preceding fiscal year:
  - A) The number of individual(s) presenting or presented for admission to a State-operated mental health facility;
  - B) The number of individual(s) recommended for admission to a State-operated mental health facility;
  - C) The number of individual(s) offered other mental health services and, an accounting by category of the types of others services offered and provided;
  - D) The number of individual(s) denied mental health services;
  - E) The number of individual(s) recommended for admission to a State-operated mental health facility solely because community mental health services which the qualified certifier deemed appropriate for those individuals were not actually available for them;
  - F) The number of individual(s) in each of the above categories who were undomiciled at the time of their evaluation; and

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G) The living arrangements of the individual at the time of the screening.

2) On a periodic basis, to be established by the Department, and at least annually, each state operated mental health facility shall provide a written report to the Director of the Department of Mental Health and Developmental Disabilities containing the following information:

A) The number of individuals presenting to the SOF who were not screened by the PMHC.

B) Whether the individual was admitted to the facility;

C) Whether the individuals who were admitted were recommended for admission to the facility by a qualified certifier;

D) Regardless of whether the individual was admitted to the facility, the alternative mental health services which were considered by the facility;

E) If the individual was not admitted, the reason for that decision and the alternative mental health services offered or provided to the individual; and,

F) if no mental health services were offered or provided to the individual, the reason that no services were offered or provided.

3) The Department shall annually publish and make available to interested persons and organizations a report containing the information specified in subsections (F)(1) and (F)(2) of this Section. During the initial period of implementation, the Department may publish interim reports covering shorter time periods.

4) The Department may contract with an outside independent party to conduct an evaluation of the impact of the PMHC system on mental health services in Illinois. Such outside party shall have access to all relevant Department and PMHC data bases for the purpose of the evaluation.

Section 258.510 Contract dispute resolution

If there is a dispute related to the written contractual agreement between the PMHC and the State-operated facility or the Department, the authorized PMHC

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representative and the facility director, or their designees shall meet to discuss their differences and reach a resolution. If after diligent effort, a resolution cannot be reached or if the dispute is between the PMHC and the Department, the authorized PMHC representative and the Director, or their designees, shall meet to discuss their differences and reach a resolution regarding the contractual dispute.

Section 258.520 Disposition dispute resolution process

a) If, after diligent effort, an acceptable resolution of a difference in clinical opinion regarding the appropriateness of SOF admission between the PMHC and the SOF cannot be negotiated pursuant to Section 258.320, the PMHC may request disposition dispute resolution. Pending the outcome of the disposition dispute resolution, the individual may elect to be admitted to the State-operated facility on an informal status as provided in Section 3-300 of the Code. The disposition dispute resolution process involves the review of the findings of the qualified certifier who recommended admission, and the findings of the SOF clinical staff who determined that the individual was not appropriate for hospitalization, by an independent third party clinician agreed upon in advance by both the PMHC and the SOF. Such independent third party clinician shall be identified, selected and jointly funded by the PMHC and the SOF, and shall be identified at the time of application for PMHC status.

b) The decision for admission, continued admission, or discharge from informal status made by the independent third party clinician shall be accepted by the PMHC and the SOF in all but the most extreme circumstances. The decision of the third party clinician shall be issued within one working day after being called on after a thorough review of the clinical issues presented by the individual requesting admission and of the alternative forms of treatment that are actually available for the individual.

c) In the extreme circumstance that either the PMHC or the SOF adamantly disagrees with the decision of the third party clinician, the PMHC or SOF may request a review of that decision by the Department's Director or his or her designee. The decision of the Director shall be final.

1) Such request to the Director or his or her designee must be submitted within two working days of the third party clinician's communication of his or her decision to the PMHC and the SOF.

2) With such written request, the PMHC shall submit all relevant written documentation regarding the screening and admission recommendation, and the SOF shall submit all written

documentation regarding the difference in clinical opinion on the appropriateness of admission, and the findings of the third party clinician.

3) The Director or his or her designee shall review the facts as presented and render a decision within five working days of receipt of the request and the supporting documentation.

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An individual denied admission to a State-operated facility may request a utilization review hearing of that decision, as permitted by Section 3-207 of the Code and the Department's rule at 59 Code 112.10. The participating mental health center shall comply with the requirements of a utilization review hearing, as required by Section 3-207 of the Code and the Department's rule at 59 Ill. Adm. 112.10.

## Section 258.540 Complaint investigation

- a) PMHC's shall have a formal policy and procedure on presentation of grievances and complaints for investigation and resolution.
- b) Individuals, their significant others, or their guardians shall be permitted to present complaints regarding the process or results of a screening to the participating mental health center for investigation and resolution.

d) Participating mental health centers shall keep a file of all complaints, investigations and resolutions. This file shall be made available for Department inspection if requested.

e) This Section does not intend to prohibit or in any way interfere with the ability of the individual or their guardian, or significant other, to lodge a complaint against a participating mental health center with the Department or any other agency or entity. Individuals presenting complaints shall not have his or her rights infringed or interfered with because of making such complaint. If an individual or his or her guardian lodges a complaint against a PMHC with the Department, the Department shall investigate the complaint and may conduct a review as provided in Section 258.220(e). Failure to permit or participate in a review may result in a revocation of the agreement as provided in Section 258.280(b).

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9) Are there any Other Proposed Amendments Pending on this Part? Yes        No   X  

If yes:

## Section Numbers

## Proposed Action

III. Reg. Citation

## Statement of Statewide Policy Objectives:

All states and local health authorities are requested to adopt the revised case report forms or a facsimile to report all AIDS cases.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking:

Interested persons may present their comments concerning these rules by writing to Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 within 45 days after this issue of the Illinois Register.

These rules may have an impact on small businesses. In accordance with Sections 3.01 and 4.03 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 3.10 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Date Rulemaking was Submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:

B) Type of Small Businesses Affected:

local health departments, physician's offices, hospitals

C) Reporting, Bookkeeping or Other Procedures Required for Compliance:

submission of AIDS case report form

D) Types of Professional Skills Necessary for Compliance:

nursing or medical records background

The full text of the Proposed Amendments begins on the next page:

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## NOTICE OF PROPOSED AMENDMENTS

## TITLE 77: PUBLIC HEALTH

## CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH

## SUBCHAPTER d: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

## PART 697

## AIDS CONFIDENTIALITY AND TESTING CODE

## SUBPART A: GENERAL PROVISIONS

Section	697.10	Applicability
697.20	Definitions	
697.30	Incorporated Materials	
697.40	Administrative Hearings	

## SUBPART B: HIV TESTING

Section	697.100	Approved HIV Tests and Testing Procedures
	697.110	HIV Pre-Test Information
	697.120	Written Informed Consent
	697.130	Anonymous Testing
	697.140	Disclosure of the Identity of a Person Tested or Test Results
	697.150	Marriage License Testing Requirements (Repealed)
	697.160	HIV Testing for Insurance Purposes
	697.170	Enforcement of the AIDS Confidentiality Act
	697.180	HIV Testing for Blood and Human Tissue Donations

## SUBPART C: AIDS REGISTRY SYSTEM

Section	697.200	AIDS Registry System
	697.210	Reporting Requirements
	697.220	Release of AIDS Registry Information

## SUBPART D: HIV COUNSELING AND TESTING CENTERS

Section	697.300	HIV Counseling and Testing Centers
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## SUBPART E: MISCELLANEOUS PROVISIONS

Section	697.400	Notification of School Principals
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697.410 Guidelines for the Management of Chronic Infectious Diseases in School Children  
697.420 Testing, Treatment or Counseling of Minors

697. Appendix A Sample HIV Testing Forms  
Illustration A Sample Written Informed Consent Form  
Illustration B Sample Marriage License Testing Certificate (Repealed)

## 697. Appendix B Statutory and Regulatory References to AIDS

**AUTHORITY:** Implementing and authorized by AIDS Confidentiality Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 7301 et seq.) [410 ILCS 305]; AIDS Registry Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 7351 et seq.) [410 ILCS 310]; The Communicable Disease Prevention Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 22.10 et seq.) [410 ILCS 315], and Sections 55, 55.11, 55.41 and 55.45 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, pars. 55, 55.11, 55.41 and 55.45) [20 ILCS 2310/55, 55.11, 55.41 and 55.45].

**SOURCE:** Emergency rules adopted at 12 Ill. Reg. 1601, effective January 1, 1988, for a maximum of 150 days; adopted at 12 Ill. Reg. 9952, effective May 27, 1988; amended at 13 Ill. Reg. 11544, effective July 1, 1989; amended at 15 Ill. Reg. 11646, effective August 15, 1991; emergency amendment at 17 Ill. Reg. 1213, effective January 7, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 15899, effective September 20, 1993.

## NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

## SUBPART A: GENERAL PROVISIONS

## Section 697.30 Incorporated Materials

The following materials are incorporated or referenced in this Part:

- a) Illinois Statutes
  - 1) AIDS Confidentiality Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 7301 et seq.) [410 ILCS 305],
  - 2) AIDS Registry Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 7351 et seq.) [410 ILCS 310],
  - 3) The Communicable Disease Prevention Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 22.11 et seq.) [410 ILCS 315],
  - 4) The Unified Code of Corrections (Ill. Rev. Stat. 1991, ch. 38, par. 1001-1-1 et seq.) [730 ILCS 5],
- b) Illinois Rules
  - 1) Control of Communicable Disease Code (77 Ill. Adm. Code 690) (See in particular Section 697.140(a)(4) of this Part),
  - 2) Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) (See in particular Sections 697.140(a)(4) and 697.210(a) of this Part),
  - 3) Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450) (See in particular Section 697.180(c) and (e)),
  - 4) Blood Labeling Code (77 Ill. Adm. Code 460) (See in particular Section 697.180(c) and (e) of this Part),
  - 5) Sperm Bank and Tissue Bank Code (77 Ill. Adm. Code 470) (See in particular Section 697.180(c) and (e)),
  - 6) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) (See in particular Section 697.40 of the Part),
  - 7) Illinois Blood Bank Code (77 Ill. Adm. Code 490),
- c) Federal Rules
  - 42 CFR 2a. 4(a) - (j), 2a. 6(a) - (b), and 2a. 7(a) - (b).
- d) Other Codes, Guidelines and Standards
  - 1) "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome," Centers for Disease Control, ~~Mortality and Morbidity and Mortality Weekly Report (MMWR) Supp. December 18, 1992; 41(RR17), Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333. (See the definition of AIDS in Section 697.20)~~

5) The Medical Patients Rights Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 5401 et seq.) [410 ILCS 50],

6) The Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 55 to 55.45) [20 ILCS 23/0-55 to 55.45].

b) Illinois Rules

- 1) Control of Communicable Disease Code (77 Ill. Adm. Code 690) (See in particular Section 697.140(a)(4) of this Part),
- 2) Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) (See in particular Sections 697.140(a)(4) and 697.210(a) of this Part),
- 3) Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450) (See in particular Section 697.180(c) and (e)),
- 4) Blood Labeling Code (77 Ill. Adm. Code 460) (See in particular Section 697.180(c) and (e) of this Part),
- 5) Sperm Bank and Tissue Bank Code (77 Ill. Adm. Code 470) (See in particular Section 697.180(c) and (e)),
- 6) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) (See in particular Section 697.40 of the Part),
- 7) Illinois Blood Bank Code (77 Ill. Adm. Code 490),

c) Federal Rules

- 42 CFR 2a. 4(a) - (j), 2a. 6(a) - (b), and 2a. 7(a) - (b).

d) Other Codes, Guidelines and Standards

- 1) "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome," Centers for Disease Control, ~~Mortality and Morbidity and Mortality Weekly Report (MMWR) Supp. December 18, 1992; 41(RR17), Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333. (See the definition of AIDS in Section 697.20)~~

2) The "AIDS Confidential Case Report", as modified by the Department, a form prepared by the Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, Office of

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Management and Budget No. 0920-0009. (1987) (See Section 697.210)

3) Guidelines for the Management of Chronic Infectious Diseases in School Children. (See Section 697.410)

4) 1993 Revised "Classification Scheme for HIV Infection", Centers for Disease Control, Morbidity and Mortality Weekly Report (MMWR). Vol. 41, No. RR-17, December 18, 1992, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333.

e) All citations to federal regulations in this Part concern the specified regulations in the 1992-1987 Code of Federal Regulations, unless another date is specified.

f) All incorporations by reference of federal regulations or standards and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 697.200 AIDS Registry System

The AIDS Registry System has been created to compile more complete and precise statistical data than presently available in order to evaluate AIDS treatment and prevention measures. The AIDS Registry System is ~~consists of two individual and interrelated components. These components are the compilation of information concerning diagnosed cases of AIDS and diagnosed cases of ARC.~~

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 697.210 Reporting Requirements

a) Local Health Authorities which receive AIDS and ARC reports from physicians or hospitals shall report to the AIDS Registry System within seven (7) days after receiving the AIDS and ARC report. (See Control of Sexually Transmissible Disease Code, 77 Ill. Admin. Code 693.30.)

b) The report shall be provided upon the "AIDS Confidential Case Report, as modified by the Department" a form prepared by the Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, OMB No. 0920-0009 and supplied by the Department.

c) The Department requests, but does not require, hospitals maintained by the Federal Government or other governmental agencies within the United States to report AIDS and ARC case information concerning present or past residents of Illinois, using the

## DEPARTMENT OF PUBLIC HEALTH

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"AIDS Confidential Case Report, as modified by the Department."

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 697.220 Release of AIDS Registry Information

a) THE DEPARTMENT MAY NOT RELEASE INFORMATION GATHERED PURSUANT TO THIS ACT (AIDS REGISTRY ACT) UNLESS:

- 1) IT IS IN STATISTICAL, NON-IDENTIFIABLE FORM;
- 2) THE RELEASE OR TRANSFER IS TO AN ILLINOIS LOCAL PUBLIC HEALTH DEPARTMENT OR TO A REGISTRY OR HEALTH DEPARTMENT OF ANOTHER STATE, AND IS OF INFORMATION CONCERNING A PERSON WHO IS RESIDING IN THAT JURISDICTION. The Department shall disclose individual patient information concerning residents of another state to the Registry in the individual's state of residence if the recipient of reported information about AIDS and ARC is legally required to hold reported information about AIDS and ARC in confidence and provides protection from disclosure of patient identifying information equivalent to the protection afforded by the Illinois law. (Section 7(a) of the AIDS Registry Act).

b) ALL DATA OBTAINED DIRECTLY FROM MEDICAL RECORDS OF INDIVIDUAL PATIENTS SHALL BE FOR THE CONFIDENTIAL USE OF THE DEPARTMENT AND THOSE ENTITIES AUTHORIZED BY THE DEPARTMENT TO VIEW SUCH RECORDS IN ORDER TO CARRY OUT THE PURPOSES OF THE REGISTRY ACT. (Section 7(b) of the AIDS Registry Act).

c) THE IDENTITY OF ANY PERSON WHOSE CONDITION OR TREATMENT HAS BEEN STUDIED, OR ANY FACTS WHICH ARE LIKELY TO REVEAL THE IDENTITY OF SUCH PERSON, SHALL BE CONFIDENTIAL AND SHALL NOT BE REVEALED IN ANY REPORT OR ANY OTHER MATTER PREPARED, RELEASED OR PUBLISHED. RESEARCHERS MAY, HOWEVER, USE THE NAMES OF PERSONS WHEN REQUESTING ADDITIONAL INFORMATION FOR RESEARCH STUDIES APPROVED BY THE DEPARTMENT; PROVIDED, HOWEVER, THAT WHEN A REQUEST FOR ADDITIONAL INFORMATION IS TO BE MADE, THE DEPARTMENT SHALL FIRST OBTAIN AUTHORIZATION FROM THE PATIENT OR THE PATIENT'S LEGALLY AUTHORIZED REPRESENTATIVE after ascertaining that a test subject's physical and psychological condition is suitable for such a request in the opinion of the test subject's physician. (Section 7(c) of the AIDS Registry Act).

1) All requests by medical or epidemiologic researchers for confidential Registry

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data must be submitted in writing to the Registry. The request must include a study protocol which contains: objectives of the research; rationale for the research including scientific literature justifying current proposal; overall study methods, including copies of forms, questionnaires, and consent forms used to contact facilities, physicians or study subjects including methods for documenting compliance with 42 CFR 2a, 4(a) - (i), 2a, 6(a) - (b), and 2a, 7(a) - (b); methods for the processing of data; storage and security measures taken to insure confidentiality of patient identifying information; time frame of the study; a description of the funding source of the study (e.g. federal contract); the curriculum vitae of the principal investigator and a list of collaborators. In addition, the research request must specify what patient or facility identifying information is needed and how the information will be used.

- 2) All requests to conduct research and modifications to approved research proposals involving the use of data which includes patient or facility identifying information shall be subject to a review to determine compliance with the following conditions. The Department will enter into contracts for research which require the release of patient or facility identifying information when requests meet the following conditions:
  - A) The request for patient or facility identifying information contains stated goals or objectives;
  - B) The request documents the feasibility of the study design in achieving the stated goals and objectives;
  - C) The request documents the need for the requested data to achieve the stated goals and objectives;
  - D) The requested data can be provided within the timeframe set forth in the request;
  - E) The request documents that the researcher has qualifications relevant to the type of research being conducted;
  - F) The research will not duplicate other research already underway using the same Registry data; and
  - G) The request documents other such conditions relevant to the need for the patient or facility identifying information and the patient's confidentiality rights, because the Department will only release the patient or facility identifying information which is necessary for the research.

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- 3) The Department will enter into research contracts for all approved research requests. These contracts shall specify exactly what information is being released and how it can be used. In addition, the researcher shall include assurances that:
  - A) The researcher understands that use of data is restricted to the specifications of the protocol;
  - B) The researcher understands that any and all data which may lead to the identity of any patient, research subject, physician, other person, or hospital are strictly privileged and confidential and agrees to keep all such data strictly confidential at all times;
  - C) The researcher understands that all officers, agents and employees are to keep all such data strictly confidential;
  - D) The researcher agrees to communicate the requirements of this Section to all officers, agents, and employees, to discipline all persons who may violate the requirements of this Section, and to notify the Department in writing within forty-eight (48) hours of any violation of this Section, including full details of the violation and corrective actions to be taken;
  - E) The researcher understands that all data provided by the Department pursuant to this contract may only be used for the purposes named in this contract and that any other or additional use of the data shall result in immediate termination of this contract by the Department; and
  - F) The researcher understands that all data provided by the Department pursuant to this contract is the sole property of the Department and may not be copied or reproduced in any form or manner and agrees to return all data and all copies and reproduction of the data to the Department upon termination of the contract.
- 4) Any departures from the approved protocol must be submitted in writing and approved by the Director in accordance with subsection (c) (2) of this Section above prior to initiation. No patient or facility identifying information may be released by a researcher to a third party.
- 5) The Department shall disclose individual patient or facility information to the reporting facility which originally supplied that information to the Department, upon written request of the facility.

d) AIDS and ARC information may be disclosed in accordance with the provisions of

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Sections 697.140 and 697.400 of this Part.

e) NO LIABILITY SHALL ATTACH TO ANY HOSPITAL, PHYSICIAN OR OTHER FACILITY SUBMITTING INFORMATION PURSUANT TO THIS ACT BASED UPON A CLAIM THAT SUCH HOSPITAL, PHYSICIAN OR FACILITY REPORTED INFORMATION WHICH MAY BE CONFIDENTIAL. (Section 7(d) of the AIDS Registry Act).

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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1) Heading of the Part:  
Control of Sexually Transmissible Diseases Code

2) Code Citation:  
77 Ill. Adm. Code 693

3) Section Numbers:  
693.15  
693.30

4) Statutory Authority:

Implementing and authorized by the Illinois Sexually Transmissible Disease Control Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 7401 et seq.) [410 ILCS 325] and the Department of Public Health Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 22 and 22.04) [20 ILCS 2305/2 and 6].

5) A Complete Description of the Subjects and Issues Involved:  
This rulemaking amends existing rules concerning the title of the AIDS case reporting form and the information that is to be collected to reflect the CDC's revised case reporting forms. The rulemaking also amends current language to eliminate redundancy and clarify reporting requirements.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect?  
Yes \_\_\_\_\_ No

7) Does this Rulemaking Contain an Automatic Repeal Date? Yes \_\_\_\_\_ No   
If "yes," please specify the date: \_\_\_\_\_

8) Does this Rulemaking Contain Any Incorporations By Reference?  
Yes \_\_\_\_\_ No   
If "yes," please specify type: 6.02(a) \_\_\_\_\_ or 6.02(b) \_\_\_\_\_

9) Are there any other Proposed Amendments Pending on this Part?  
Yes \_\_\_\_\_ No

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If Yes:

Section Number

Proposed Action

Ill. Reg. Citation

10) Statement of Statewide Policy Objectives:

All local authorities are requested to adopt the revised case report forms or a facsimile to report all AIDS cases.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking:

Interested persons may present their comments concerning these rules by writing to Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 525 West Jefferson, Second Floor, Springfield, Illinois 62761, within 45 days after this issue of the Illinois Register.

These rules may have an impact on small businesses. In accordance with Sections 3.01 and 4.03 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 3.10 of the Illinois Administrative Procedure Act) commenting on these rules should indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Date Rulemaking was Submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:

B) Type of Small Businesses Affected:

Local health departments, physician offices, hospitals.

C) Reporting, Bookkeeping or Other Procedures Required for Compliance:

Submission of AIDS case report form.

D) Types of Professional Skills Necessary for Compliance:

Nursing or medical records background.  
Technical

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER K: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 693  
CONTROL OF SEXUALLY TRANSMISSIBLE DISEASES CODE

Section	Definitions
693.10	Incorporated Materials
693.15	Reportable STDs and Laboratory Results
693.20	Reporting
693.30	Fines and Penalties
693.35	Contact Interview and Investigation
693.40	Notification of Health Care Contacts
693.45	Physical Examination and Medical Treatment for Syphilis, Gonorrhea, Chlamydia
693.50	Isolation for Syphilis, Gonorrhea, Chlamydia
693.60	Counseling and Education for AIDS and HIV
693.70	Isolation for AIDS and HIV
693.80	Quarantine
693.90	Confidentiality
693.100	Examination and Treatment of Prisoners
693.110	Certificate of Freedom from STDs
693.120	Treatment of Minors
693.130	Control Measures
693.140	

AUTHORITY: Implementing and authorized by Illinois Sexually Transmissible Disease Control Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 7401 et seq.) [410 ILCS 32.5] and the Department of Public Health Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 22 and 22.04) [20 ILCS 2305.2 and 6].

SOURCE: Adopted at 12 Ill. Reg. 10097, effective May 27, 1988; amended at 15 Ill. Reg. 11686, effective August 15, 1991; emergency amendment at 15 Ill. Reg. 16462, effective October 28, 1991 for a maximum of 150 days; amended at 16 Ill. Reg. 5921, effective March 30, 1992; emergency amendment at 17 Ill. Reg. 1213, effective January 7, 1993, for a maximum of 150 days; emergency expired June 7, 1993; amended at 17 Ill. Reg. 15909, effective September 20, 1993.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE OR PARAPHRASE THEREOF.

Section 693.15 Incorporated Materials

The following materials are incorporated or referenced in this Part:

a) Illinois Statutes

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 1) "Illinois Sexually Transmissible Disease Control Act" (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 7401 et seq.)(410 ILCS 325).
- 2) The Department of Public Health Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 22 and 22.04)(20 ILCS 2405/2 and 6).
- 3) The Consent by Minors to Medical Procedures Act (Ill. Rev. Stat. 1991, ch. 111, par. 4501 et seq., in particular par. 4504)(410 ILCS 210 and 210/4).
- b) Illinois Rules
  - 1) AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697) (See Sections 693.30 (b)(1), (d) and (h) and 693.100 (b)(4) and (5) of this Part).
  - 2) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) (See Section 693.35 of this Part).
  - 3) Program Standards for Local Health Departments (77 Ill. Adm. Code 615) (See Section 693.40 (c)(7) of this Part).
- c) Other Codes, Guidelines and Standards
  - 1) "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome", Centers for Disease Control (CDC). Morbidity and Mortality Weekly Report (MMWR) Supp. December 18, 1992; 41(RR 17). Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333.
  - 2) The "AIDS Confidential Case Report", as modified by the Department, a form prepared by the Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, Office of Management and Budget (OMB) No. 0920-0009 (1992).
  - 3) "Recommendations for Prevention of HIV Transmission in Health-Care Settings" (Centers for Disease Control, MMWR 1987, vol. 36, Supp. No. 25, pages 3S-18S).
  - 4) Joint Advisory Notice, Department of Labor/Department of Health and Human Services, HBV/HIV, Federal Register, Vol. 52, No. 210, pp. 41818-41823, October 30, 1987 (See Section 639.140)
  - 5) "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B virus to Patients During Exposure-Prone Invasive Procedures" (Centers for Disease Control, Morbidity and Mortality Weekly

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Report (MMWR), vol. 40, no. RR-8, July 12, 1991).

- d) All citations to federal regulations in this Part concern the specified regulations in the 1990 Code of Federal Regulations, unless another date is specified.
- e) All incorporations by reference of federal regulations or standards and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 693.30 Reporting

- a) Every physician licensed under the provisions of the Illinois Medical Practice Act shall report each case in which the physician has clinically diagnosed or treated a case of AIDS, HIV infection, syphilis, gonorrhea or chlamydia, or received a reportable STD laboratory result as set forth in Section 693.20(b). A hospital may, at the request of the physician or of a person who has been admitted to the hospital, submit the physician's report to the appropriate health authority through the hospital's established disease-reporting mechanism. In all cases, the physician is responsible for ensuring that reporting is accomplished.
  - 1) The STD case report shall be mailed within five days after such diagnosis or treatment. The STD laboratory report shall be mailed within five (5) days after receipt of the laboratory results.
  - 2) If the reporting source is located in a county or city governed by a full-time Local Health Authority, the STD report shall be made to that health authority. For syphilis, gonorrhea and chlamydia patients in jurisdictions not covered by a Local Health Authority but by a Designated Agency, such reports shall be made to that Designated Agency. In all other cases, the STD report shall be made directly to the Illinois Department of Public Health.
  - 3) For cases of AIDS or HIV infection, the STD report shall be made on a form furnished by the Department. For each report of AIDS, a physician shall complete the "AIDS confidential case report, as modified by the Department" (or "Pediatric AIDS confidential case report, as modified by the Department" for children under 13 years) which are forms developed by the Centers for Disease Control and Prevention ("CDC"). Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, OMB No. 0920-0009. The STD report shall state the name, address and telephone number of the physician, the date of the report, as well as the following information, as available:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## A) For AIDS:

i) The individual's name, address, telephone number, age, date of birth, age at diagnosis, current status (date of death), race/ethnicity, sex, country of birth, residence at diagnosis, facility hospital where diagnosis of AIDS was established;

ii) Patient risk history factors;

iii) Laboratory results on HIV antibody tests, HIV detection tests, or immunologic laboratory tests (the diagnosis and any laboratory findings, including HIV test results);

iv) Information concerning the presence and method of diagnosis of AIDS indicator diseases, including the RVCT case number, the nine-digit code for individuals with tuberculosis;

v) Each AIDS related diagnosed successive, opportunistic disease (e.g. pneumocystis carinii pneumonia, Kaposi's sarcoma or esophageal candidiasis), regardless of whether the case is known or thought to have been previously reported in another state or health jurisdiction;

vi \*) For reports submitted by health care facilities hospitals, the name and telephone number of the individual completing the form, if different from the physician;

vii) Information concerning treatment services and referrals and, for women, information on both the current pregnancy status and births after 1977, and for perinatal cases, information about birth history;

viii \*) Whether the individual has had any invasive procedures performed on him or her and, if so, the types of invasive procedures and the name(s), address(es) and telephone number(s) of the health care provider(s) who performed those invasive procedures; and

ix \*) Whether the individual is a health care provider, and, if so, the type of health care provider and whether the individual has performed invasive procedures.

B) For HIV infection in cases not clinically diagnosed or treated as AIDS by the reporting physician:

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## NOTICE OF PROPOSED AMENDMENTS

## i) The individual's city of residence, age, race/ethnicity, sex,

## ii) The laboratory findings,

## iii) Risk factors for HIV infection,

iv) Whether the individual is known to have previously tested positive for antibodies to HIV,

v) Reason for testing, and

vi) Whether counseling and/or sex partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.

4) Syphilis, gonorrhea and chlamydia case and laboratory reports in cities having a population of 500,000 or over shall be made on a form furnished by the Local Health Authority. In all other cases, the report shall be made on a form furnished by the Department. The report shall state the name, address and telephone number of the physician, the date of the report, as well as the following information, as available:

A) The individual's name, address, telephone number, age, birthdate, race/ethnicity, sex, marital status, pregnancy status,

B) The diagnosis, diagnostic classification, and any laboratory findings,

C) The amount and type of treatment, including preventive treatment, which the individual is receiving, has received or will receive, and whether treatment has been completed, and

D) The type of treatment facility.

1) The STD laboratory report shall be mailed within five (5) days after such test result.

2) If the reporting source is located in a county or city governed by a full-time Local Health Authority, the STD laboratory report shall be made to that health authority. For syphilis, gonorrhea and chlamydia test subjects in jurisdictions not covered by a Local Health Authority but by a Designated Agency, such

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reports shall be made to that Designated Agency. In all other cases, the STD laboratory report shall be made directly to the Illinois Department of Public Health.

3) For HIV laboratory results, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:

A) The individual's name, address, telephone number, age, race/ethnicity, sex, marital status, or patient code number as provided by the physician or other person who submitted the specimen for testing by a laboratory.

B) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks), and

C) The individual's city of residence-age, race/ethnicity, and sex, and the method employed.

C) The date the test was ~~tests were~~ performed, the laboratory results, and the method employed.

4) Syphilis, gonorrhea and chlamydia laboratory reports in cities having a population of 500,000 or over shall be made on a form furnished by the Local Health Authority. In all other cases, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:

A) The individual's name, address, telephone number, age, race/ethnicity, sex, marital status, or patient code number as provided by the physician or other person who submitted the specimen for testing by a laboratory.

B) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks), and

C) The date the test was performed, the laboratory results, and the method employed.

5) In addition to the above reporting requirements:

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A) If the subject of the test is under eleven (11) years of age, any reactive or positive test results shall be reported to the Department by telephone immediately or as soon as Department business hours permit, at 800/252/8989.

B) If any culture that is positive for gonorrhea is determined to be resistant to antibiotics, the test results shall be reported by telephone immediately, or as soon as business hours permit, to the Local Health Authority, Designated Agency or the Department, as appropriate.

C) Every laboratory and blood bank shall report the total number of tests performed for STDs each week. Such report shall be made to the local health authority, designated agency or the Department, as appropriate.

c) All persons required to report pursuant to this Part shall maintain the strict confidentiality of all information and records relating to known or suspected cases of STDs in accordance with Section 693.100 and 77 Ill. Adm. Code 697.140.

d) For each report of AIDS which it receives, pursuant to the provisions of this Section, a Local Health Authority shall complete the "AIDS-Confidential-Case-Report" (or "Pediatric-Confidential-Case-Report" for children under 13 years) which are forms developed by the Centers for Disease Control ("CDC"), Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, OMB No. 0920-0009. The Local Health Authority shall forward a copy of the this-CDC report to the Department's AIDS Registry System, within seven (7) days after receiving the original AIDS report (See Section 697.210 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 6972). The Local Health Authority shall assure the completeness of the report form. The Local Health Authority shall record the reporting source on the case report form, as available. The "AIDS-Confidential-Case Report" shall contain the following information:

1) Basic Patient Information: Patient's name, address, telephone number, date of birth, age at diagnosis, current status (date of death), sex, race/ethnicity, county of birth, residence at onset of illness suggestive of AIDS, hospital where diagnosis of AIDS was established;

2) Social and risk factors to AIDS;

3) Information concerning the presence and method of diagnosis of diseases indicative of AIDS;

4) Laboratory results on HIV serum antibody tests, HIV detection tests or diagnosis of other reason(s) for immunological dysfunction;

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§) Other pertinent information concerning the case including:

A) units of blood donated or received by the patient;

B) whether the individual has had any invasive procedures performed on him or her and, if so:

i) the types of invasive procedures, and

ii) the name(s), address(es) and telephone number(s) of the health care provider(s) who performed those invasive procedures;

C) whether the individual is a health care provider and, if so:

i) the type of health care provider, and

ii) whether the individual has performed invasive procedures; and

6) Each AIDS-related-diagnosed successive, opportunistic disease (e.g. Pneumocystis carinii pneumonia, Kaposi's sarcoma or esophageal candidiasis), regardless of whether the case is known or thought to have been previously reported in another state or health jurisdiction.

e) A Local Health Authority shall forward to the Department a copy of each HIV report which it receives pursuant to the provisions of this Section, within seven (7) days after receiving such report.

f) A Local Health Authority or Designated Agency shall submit to the Department, on forms supplied by the Department, summary information on the reportable laboratory results for syphilis, gonorrhea and chlamydia which it receives pursuant to the provisions of this Section, within seven (7) days after receiving such results.

g) A Local Health Authority or Designated Agency which receives a syphilis laboratory report with a patient code number shall contact the test subject's physician for information identifying that individual, within twenty-four (24) hours after receiving such report. The Department shall assume this responsibility within jurisdictions not covered by a Local Health Authority or Designated Agency.

h) A Local Health Authority which receives an HIV laboratory report from a physician, laboratory or blood bank for an individual age three through twenty-one shall contact the physician listed in the report to obtain the individual's name and address, in order to comply with Section 697.400 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697). The Department shall assume this responsibility within jurisdictions not covered by a Local Health Authority. The physician shall provide this information

## NOTICE OF PROPOSED AMENDMENTS

to the Local Health Authority or the Department unless the test subject is not enrolled in a public or private primary or secondary school. The physician shall contact the Local Health Authority or the Department if the physician learns that the test subject has enrolled in school at any subsequent date.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part:  
Health Facilities Planning Procedural Rules
- 2) Code Citation:  
77 Ill. Adm. Code 1130
- 3) Section Numbers:  
Appendix A  
Amendment
- 4) Statutory Authority:
- 5) A Complete Description of the Subjects and Issues Involved:  
Revision of review thresholds for inflation.
- 6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? Yes        No ✓
- 7) Does this Rulemaking contain an Automatic Repeal Date? Yes        No ✓  
If "yes," please specify the date:  
\_\_\_\_\_
- 8) Does this Rulemaking Contain Any Incorporation By Reference? Yes        No ✓  
If "yes," please specify type: 6.02(a) \_\_\_\_\_ or 6.02(b) \_\_\_\_\_
- 9) Are there any other Proposed Amendments Pending on this Part? Yes        No ✓  
If Yes:  
Section Numbers  
Proposed Action  
Ill. Reg. Citation
- 10) Statement of Statewide Policy Objectives:  
Reduce the rate of health care cost inflation through the review and approval of capital projects. No impact is anticipated on local governmental units.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking:  
Interested persons may present their comments concerning these rules by writing to Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 within 45 days after this issue of the Illinois Register. A public hearing will be held at 1:30 p.m. on May 6, 1992, Springfield Hilton Hotel, 7th and Adams, Springfield, Illinois.
- 12) Initial Regulatory Flexibility Analysis:
  - A) Date Rulemaking was Submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:
  - B) Type of Small Businesses Affected:
  - C) Reporting, Bookkeeping or Other Procedures Required for Compliance:
  - D) Types of Professional Skills Necessary for Compliance:

The full text of the Proposed Amendments begins on the next page.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

## TITLE 77: PUBLIC HEALTH

## CHAPTER II: DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## SUBCHAPTER b: OTHER BOARD RULES

## PART 1130

## HEALTH FACILITIES PLANNING PROCEDURAL RULES

## SUBPART A: AUTHORITY, PURPOSE AND DEFINITIONS

Section 1130.110	Statutory Authority/Applicability
1130.120	Public Hearings
1130.130	Purpose
1130.140	Definitions
1130.150	Incorporated Materials

## SUBPART B: WHO IS SUBJECT TO THE HEALTH FACILITIES PLANNING ACT

Section 1130.210	Persons Subject to the Act
1130.220	Necessary Parties to the Application for Permit or Exemption

## SUBPART C: TRANSACTIONS SUBJECT TO REVIEW

Section 1130.310	Transactions Subject to Review
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## SUBPART D: TRANSACTIONS WHICH ARE EXEMPT FROM REVIEW

## Transactions Which Are Exempt from Review

## SUBPART E: PROCEDURAL REQUIREMENTS FOR EXEMPTIONS

Section 1130.410	Requirements for Exemptions Involving the Acquisition of Major Medical Equipment
1130.510	Requirements for Exemptions Involving the Change in Ownership of a Health Care Facility Other Than a Health Maintenance Organization
1130.520	Requirements for Exemptions Involving Health Maintenance Organizations
1130.530	Requirements for Exemptions Involving Involuntary Discontinuation
1130.540	Agency Processing of an Application for Exemption
1130.550	State Board Action
1130.560	

## ILLINOIS REGISTER

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

TITLE 77: PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD	SUBPART F: PROCEDURAL REQUIREMENTS FOR THE REVIEW AND PROCESSING OF APPLICATIONS FOR PERMIT
SUBCHAPTER b: OTHER BOARD RULES	

PART 1130	SUBPART G: PERMIT VALIDITY, REPORTING REQUIREMENTS AND REVOCATION
HEALTH FACILITIES PLANNING PROCEDURAL RULES	

## SUBPART A: AUTHORITY, PURPOSE AND DEFINITIONS

Section 1130.570	Validity of an Exemption
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## SUBPART F: PROCEDURAL REQUIREMENTS FOR THE REVIEW AND PROCESSING OF APPLICATIONS FOR PERMIT

Section 1130.610	Duration of the Review Period and Time Frames
1130.620	Consultation, Classification and Completeness Review
1130.630	Agency Actions During the Review Period
1130.640	Extension of the Review Period Prior to Initial State Board Action
1130.650	Modification of an Application
1130.660	Approval of an Application
1130.670	Notice of Intent-to-Deny an Application
1130.680	Denial of an Application

## SUBPART G: PERMIT VALIDITY, REPORTING REQUIREMENTS AND REVOCATION

Section 1130.710	Validity of Permits
1130.720	Authorization to Obligate and Obligation
1130.730	Extension of the Obligation Period
1130.740	Renewal of a Permit
1130.750	Alteration of a Project for which a Permit Has Been Issued
1130.760	Semi-Annual Progress Reports
1130.770	Project Completion, Final Realized Costs and Cost Overruns
1130.780	Revocation of a Permit

## SUBPART H: DECLARATORY RULINGS

Section 1130.810	Declaratory Rulings
APPENDIX A	Annual Inflation Adjustments to Review Thresholds

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1991, ch. 111½, pars. 1151 et seq.).

SOURCE: Adopted at 14 Ill. Reg. 7183, effective May 1, 1990; emergency amendment at 15 Ill. Reg. 4787, effective March 18, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 9731, effective June 17, 1991; emergency amendments at 16 Ill. Reg. 13153, effective August 4, 1992, for a maximum of 150 days; emergency amendments at 17 Ill. Reg. 5882, effective March 24, 1993; amended at 17 Ill. Reg. 5882, effective March 26, 1993; amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

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## Section 1130.APPENDIX A Annual Inflation Adjustments to Review Thresholds

## 1. Capital Expenditures (Other than Major Medical Equipment):

Baseline	Inflation Factor	revised Review Threshold	Effective Date of Revision
\$2,000,000	1.035	\$2,070,000	-
\$2,070,000	1.035	\$2,121,750	October 1, 1991
\$2,121,750	1.035	\$2,157,820	<del>Effective date of this 1993 rulemaking</del>
\$2,157,820	1.027	\$2,216,448	<del>March 26, 1993</del>
<u>\$2,216,448</u>	<u>1.074</u>	<u>\$2,357,193</u>	<u>October 1, 1993</u>

## 2. Major Medical Equipment:

Baseline	Inflation Factor	revised Review Threshold	Effective Date of Revision
\$1,000,000	1.028	\$1,028,000	-
\$1,028,000	1.049	\$1,078,372	October 1, 1991
\$1,078,372	1.037	\$1,118,272	<del>Effective date of this 1993 rulemaking</del>
\$1,118,272	1.036	\$1,158,530	<del>March 26, 1993</del>
<u>\$1,158,530</u>	<u>1.023</u>	<u>\$1,185,176</u>	<u>October 1, 1993</u>

## 3. Calculation of Inflation Factors:

Inflation factors, for capital equipment projects represent the percentage increase or decrease in the related health care costs from July 1st of the preceding calendar year to July 1st of the year for which the adjustment is to be made. The capital threshold is adjusted utilizing the annualized data from the report year as compared to the preceding year. A growth in costs of five percent during this twelve-month period would result in an inflation factor of 1.05.

## 4. Source of Data:

The capital expenditure threshold adjustment for all items other than major medical equipment is taken from the Hospitals component of Square Footage, Cubic Feet and Percent of Total Costs (Item 460) from "Building Construction Cost Data 1990, 48th Annual Edition."

\* The baseline threshold amounts have been adjusted for inflation for the period of 1988 to 1989. The calculated adjustment shown reflects the 1989 to 1990 time period.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

DEPARTMENT OF PUBLIC HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

1)	<u>Heading of the Part:</u>	Health Facilities Planning Procedural Rules																																								
2)	<u>Code Citation:</u>	77 Ill. Adm. Code 1130																																								
3)	<u>Section Numbers:</u>	<p><u>Proposed Action:</u></p> <table border="1"> <tr> <td>1130.140</td> <td>Amendments</td> </tr> <tr> <td>1130.210</td> <td>Amendments</td> </tr> <tr> <td>1130.310</td> <td>Amendments</td> </tr> <tr> <td>1130.410</td> <td>Amendments</td> </tr> <tr> <td>1130.520</td> <td>Amendments</td> </tr> <tr> <td>1130.525</td> <td>New Section</td> </tr> <tr> <td>1130.530</td> <td>Repeal</td> </tr> <tr> <td>1130.570</td> <td>Amendments</td> </tr> <tr> <td>1130.620</td> <td>Amendments</td> </tr> <tr> <td>1130.650</td> <td>Amendments</td> </tr> <tr> <td>1130.710</td> <td>Amendments</td> </tr> <tr> <td>1130.720</td> <td>Amendments</td> </tr> <tr> <td>1130.730</td> <td>Amendments</td> </tr> <tr> <td>1130.740</td> <td>Amendments</td> </tr> <tr> <td>1130.750</td> <td>Amendments</td> </tr> <tr> <td>1130.760</td> <td>Amendments</td> </tr> <tr> <td>1130.770</td> <td>Amendments</td> </tr> <tr> <td>1130.780</td> <td>Amendments</td> </tr> <tr> <td>1130.790</td> <td>New Section</td> </tr> </table>			1130.140	Amendments	1130.210	Amendments	1130.310	Amendments	1130.410	Amendments	1130.520	Amendments	1130.525	New Section	1130.530	Repeal	1130.570	Amendments	1130.620	Amendments	1130.650	Amendments	1130.710	Amendments	1130.720	Amendments	1130.730	Amendments	1130.740	Amendments	1130.750	Amendments	1130.760	Amendments	1130.770	Amendments	1130.780	Amendments	1130.790	New Section
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1130.770	Amendments																																									
1130.780	Amendments																																									
1130.790	New Section																																									
4)	<u>Statutory Authority:</u>	<p>Illinois Health Facilities Planning Act</p> <p>Ill. Rev. Stat. 1991, ch. 111 ½, par. 1151 et seq.</p> <p>20 ILCS 3960 et seq.</p>																																								
5)	<u>A Complete Description of the Subjects and Issues Involved:</u>	<p>Clarifies existing reporting requirements for permit holders and persons subject to the Health Facilities Planning Act, and reduces the permit requirement for End Stage Renal Disease treatment facilities and services.</p>																																								
6)	<u>Will this Rulemaking Replace an Emergency Rule Currently in Effect?</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																																							
7)	<u>Does this Rulemaking contain an Automatic Repeal Date?</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																																							
	If "yes," please specify the date:																																									
	Proposed Section will expire two years from the effective date of this section unless renewed by the State Board																																									
8)	<u>Does this Rulemaking Contain Any Incorporations By Reference?</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																																							
	If "yes," please specify type: 6.02(a) _____ or 6.02(b) _____																																									
9)	<u>Are there any other Proposed Amendments Pending on this Part?</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																																							
	If Yes:																																									
	<u>Section Numbers</u>	<u>Proposed Action</u>	<u>III. Reg. Citation</u>																																							
10)	<u>Statement of Statewide Policy Objectives:</u>	1130 Appendix A	Threshold increases adjusted for inflation																																							
11)	<u>Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking:</u>	<p>Interested persons may present their comments concerning these rules by writing to Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 within 45 days after this issue of the <u>Illinois Register</u>.</p> <p>These rules may have an impact on small businesses. In accordance with Sections 3.01 and 4.03 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.</p> <p>Any small business (as defined in Section 3.10 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.</p>																																								
12)	<u>Initial Regulatory Flexibility Analysis:</u>	Date Rulemaking was Submitted to the Business Assistance Office of the Department																																								

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

of Commerce and Community Affairs:

B) Type of Small Businesses Affected:  
Health care facilities that meet the definition of small businesses.

C) Reporting, Bookkeeping or Other Procedures Required for Compliance:  
None

D) Types of Professional Skills Necessary for Compliance:  
None

The full text of the Proposed Amendments begins on the next page.

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

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SOURCE: Adopted at 14 Ill. Reg. 7183, effective May 1, 1990; emergency amendment at 15 Ill. Reg. 4787, effective March 18, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 9731, effective June 17, 1991; emergency amendments at 16 Ill. Reg. 13153, effective August 4, 1992, for a maximum of 150 days; emergency expired January 1, 1993; amended at 17 Ill. Reg. 5882, effective March 24, 1993; amended at 17 Ill. Reg. 5882, effective March 26, 1993; amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: AUTHORITY, PURPOSE AND DEFINITIONS

## Section 1130.140 Definitions

Definitions pertaining to program components can be found in the "Act" and in 77 Ill. Adm. Code 1100 and 1110. Definitions which will assist in the understanding of this Part are presented below.

a) Acquisition or Change of Ownership means a change in the person who has operational control of an existing health care facility. Acquisition or change of ownership is indicated by:

- 1) a transfer of stock or assets resulting in a person obtaining majority interest (i.e. over 50%) in the licensed or certified (if the facility is not subject to licensure) entity within a one year period; or
- 2) the issuance of a license by the Agency to a person different from the current licensee; or
- 3) the issuance of a provider number to a different person by certification agencies which administer Titles XVIII and XIX of the Social Security Act.

AGENCY NOTE: A permit or exemption is required prior to the acquisition or change of ownership of a health care facility.

b) Alteration means any revision or change to the ~~components~~ of a project as detailed in the application that occurs after State Board approval of the permit. Components which can be altered include size, number of beds, scope of services to be provided, cost or method of financing. The site of the proposed project or the person(s) who is (are) the permit holder cannot be altered.

c) Applicant means a person(s) who applies for a permit or exemption.

d) CAPITAL EXPENDITURE MEANS AN EXPENDITURE MADE BY OR ON BEHALF OF A HEALTH CARE FACILITY (AS SUCH A FACILITY IS DEFINED IN THIS ACT); AND WHICH UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IS NOT PROPERLY CHARGEABLE AS AN EXPENSE OF OPERATION

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AND MAINTAINANCE, OR IS MADE TO OBTAIN BY LEASE OR COMPARABLE ARRANGEMENT ANY FACILITY OR PART THEREOF OR ANY EQUIPMENT FOR A FACILITY OR PART; AND WHICH EXCEEDS THE CAPITAL EXPENDITURE MINIMUM. THE COST OF ANY STUDIES, SURVEYS, DESIGNS, PLANS, WORKING DRAWINGS, SPECIFICATIONS, AND OTHER ACTIVITIES ESSENTIAL TO THE ACQUISITION, IMPROVEMENT, EXPANSION, OR REPLACEMENT OF ANY PLANT OR EQUIPMENT WITH RESPECT TO WHICH AN EXPENDITURE IS MADE SHALL BE INCLUDED IN DETERMINING IF SUCH EXPENDITURE EXCEEDS THE CAPITAL EXPENDITURE MINIMUM. DONATIONS OF EQUIPMENT OR FACILITIES TO A HEALTH CARE FACILITY WHICH IF ACQUIRED DIRECTLY BY SUCH FACILITY WOULD BE SUBJECT TO REVIEW UNDER THIS ACT SHALL BE CONSIDERED CAPITAL EXPENDITURES, AND A TRANSFER OF EQUIPMENT OR FACILITIES FOR LESS THAN FAIR MARKET VALUE SHALL BE CONSIDERED A CAPITAL EXPENDITURE IF A TRANSFER OF THE EQUIPMENT OR FACILITIES AT FAIR MARKET VALUE WOULD BE SUBJECT TO REVIEW. (SECTION 3 OF THE ACT)

e) Capital Expenditure Minimum means the dollar amount or value which would require a permit for capital projects and major medical equipment. Capital expenditure minimums are annually adjusted to reflect the increase in construction costs due to inflation per Section 1130.310.

f) Certified or Certification means approval for a facility to receive reimbursement under Title XVIII and/or XIX of the Social Security Act (42 U.S.C.A. 1395x).

g) Completion or Project Completion means that the project has been brought to a conclusion, and that the finished project is in accordance with what the State Board authorized and:

- 1) for projects with no cost that are limited to total discontinuation of a facility or of a category of service, the date the last patient is discharged or the date the permit for discontinuation is issued whichever comes later; or
- 2) for projects with no cost that are limited to a substantial change in beds (pursuant to Section 1100.220) in licensed long-term care facilities (pursuant to 77 Ill. Adm. Code 1100.220), the date the Agency issues a revised license; or
- 3) for projects with no cost that are limited to a substantial change in beds (pursuant to 77 Ill. Adm. Code 1100.220) in licensed hospitals or in state-operated facilities, the date the Agency receives a revised physical plant survey or the date of permit issuance which ever is later; or
- 4) for projects limited to the establishment of a category of service the date the first

operation of a category of service for twelve months or more; or when a category of service fails to meet service utilization standards by the second year of operation

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patient is treated or the date the Agency receives a report of final realized cost, whichever is later; or

for projects limited to the establishment of a health care facility, the date the health care facility is licensed on the date the Agency receives a report of final realized cost, whichever is later; or

for projects limited to the acquisition of major medical equipment, the date the Agency receives a report of final realized costs or the date the equipment is utilized to treat the first patient, whichever is later; or

for all other projects including the establishment of new facilities or modernization of existing facilities, the date the Agency receives a report of final realized costs.

for projects not in accordance with what the State Board authorized, including projects with cost overruns, the date the State Board determines the project is complete.

Consolidation means the combination of two or more existing health care facilities into a new health care facility terminating the existence of the existing or original facilities (A + B = C). Consolidation results in the establishment of a health care facility within the meaning of the Act and in the discontinuation of the existing facilities, resulting in termination of license for facilities subject to licensure or the loss of certification for facilities not subject to licensure. In example, consolidation becomes reviewable only when a new facility with a new license will be established due to the consolidation. In this case the A and B facilities which consolidate are reviewed for discontinuation and the new licensed facility C is reviewed for establishment. It is this discontinuation and establishment which creates the need for review.

CONSTRUCTION OR MODIFICATION MEANS THE ESTABLISHMENT, ERECTION, BUILDING, ALTERATION, RECONSTRUCTION, MODERNIZATION, IMPROVEMENT, EXTENSION, DISCONTINUATION, CHANGE OF OWNERSHIP OF OR BY A HEALTH CARE FACILITY, OR THE PURCHASE OR ACQUISITION BY OR THROUGH A HEALTH CARE FACILITY OF EQUIPMENT OR SERVICE FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES OR FOR FACILITY ADMINISTRATION OR OPERATION OR ANY CAPITAL EXPENDITURE MADE BY OR ON BEHALF OF A HEALTH CARE FACILITY WHICH EXCEEDS THE CAPITAL EXPENDITURE MINIMUM. (SECTION 3 OF THE ACT)

Discontinuation means to cease operation of an entire health care facility; or to cease operation of a category of service for twelve months or more; or when a category of service fails to meet service utilization standards by the second year of operation

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subsequent to project completion; ~~or to reduce the facility bed total by more than ten beds or ten percent, whichever is less, within a two year period. Daily or seasonal fluctuations in bed complement are not considered disqualification.~~

k) Due Diligence means to take such actions toward the completion of a project for which a permit has been granted with that diligence and foresight which persons of ordinary prudence and care commonly exercise under like circumstances. An accidental or unavoidable cause which cannot be avoided by the exercise of due diligence in the meaning of this rule is a cause which reasonable prudent and careful persons, under like circumstances, do not and would not ordinarily anticipate, and whose effects under similar circumstances they do not and would not ordinarily avoid.

l) Establish or Establishment means the construction of a health care facility or the replacement of an existing facility on another site, or the consolidation of two or more existing facilities into a new facility, or the development of a category of service.

m) Existing Health Care Facility means any facility subject to the Act which:

1) has a valid license issued by the Agency and has provided services within the past 12 months, unless the failure to provide such service is the result of pending license revocation procedures, and has not surrendered or abandoned its license or had its license revoked or voided or otherwise deemed invalid by the Agency; or

2) is certified under Titles XVIII or XIX of the Social Security Act; or

3) is a facility operated by the State of Illinois;

4) is a health maintenance organization which has a certificate of authority issued by the Department of Insurance.

45) Projects for which permits have been granted but which are not complete pursuant to subsection (g) of this Section above shall not be considered existing facilities, but the approved number of beds or services shall be recorded in the Inventory of Health Care Facilities maintained by the Agency and shall be counted against any applicable need estimate.

n) Final Decision or Final Administrative Decision or Final Determination means:

1) the decision by the State Board to approve or deny an application for permit. Action taken by the State Board to deny an application for Permit is subsequent to an administrative hearing or to the waiver of such hearing; or

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subsequent to project completion; ~~or to reduce the facility bed total by more than ten beds or ten percent, whichever is less, within a two year period. Daily or seasonal fluctuations in bed complement are not considered disqualification.~~

2) the decision by the State Board on all matters other than the issuance of a permit.

3) The decision is final at the close of business of the State Board meeting at which the action is taken.

o) Final Realized Costs are those costs of construction, modernization or equipment that have been incurred to complete a project for which a permit was granted. These costs include all expenditures and the dollar or fair market value of any component of the project whether acquired through lease, donation or gift.

p) MAJOR CONSTRUCTION PROJECTS MEANS

1) PROJECTS FOR THE CONSTRUCTION OF NEW BUILDINGS;

2) ADDITIONS TO EXISTING FACILITIES BUILDINGS; AND

3) MODERNIZATION PROJECTS WHOSE COST IS IN EXCESS OF \$1,000,000 OR TEN PERCENT OF THE FACILITY'S OPERATING REVENUE, WHICHEVER IS LESS. (SECTION 53 OF THE ACT).

q) MAJOR MEDICAL EQUIPMENT MEANS MEDICAL EQUIPMENT WHICH IS USED FOR THE PROVISION OF MEDICAL AND OTHER HEALTH SERVICES AND WHICH COSTS IN EXCESS OF THE CAPITAL EXPENDITURE MINIMUM, EXCEPT THAT SUCH TERM DOES NOT INCLUDE MEDICAL EQUIPMENT ACQUIRED BY OR ON BEHALF OF A CLINICAL LABORATORY TO PROVIDE CLINICAL LABORATORY SERVICES IF THE CLINICAL LABORATORY IS INDEPENDENT OF A PHYSICIAN'S OFFICE AND A HOSPITAL AND IT HAS BEEN DETERMINED UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT (42 U.S.C.A. 1395X) TO MEET THE REQUIREMENTS OF PARAGRAPHS (10) AND (11) OF SECTION 1861(S5) OF SUCH ACT. IN DETERMINING WHETHER MEDICAL EQUIPMENT HAS A VALUE IN EXCESS OF THE CAPITAL EXPENDITURE MINIMUM, THE VALUE OF STUDIES, SURVEYS, DESIGNS, PLANS, WORKING DRAWINGS, SPECIFICATIONS, AND OTHER ACTIVITIES ESSENTIAL TO THE ACQUISITION OF SUCH EQUIPMENT SHALL BE INCLUDED. (ILL. REV. STAT. 1991, CH. 111½, PARS. 1153 ET SEQ.)

r) Merger means the absorption of one or more existing health care facility into another existing health care facility. The result of the absorption is that only one facility survives (A + B = B). Merger results in the modification (e.g. expansion of beds or services) of the survivor facility and the discontinuation of the facility being absorbed.

s) Modification of an Application or Modification

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- 1) Modification of an Application or Modification means any change to a proposed project during the review period (i.e., prior to final State Board action) which results in changing the proposed project's physical size or gross square feet, the site within a planning area, the operating entity when the operating entity is not the applicant, the number of proposed beds, the categories of service to be provided, the cost, the method of financing, or the configuration of space within the building.
- 2) **AGENCY NOTE:** A change in the applicant or a change in site to outside the planning area originally identified in the application are not considered modifications and, if either occurs, the application is void.
- 3) Notification of State Board Action means the transmittal of State Board decisions to the applicant or permit holder. Notification shall be given to the applicant's or permit holder's designated contact person, legal representative or chief executive officer.
- 4) Obligation means receipt by the Executive Secretary of documents verifying one of the following:
  - 1) that the project is to be accomplished through the execution of binding enforceable contract(s), including lease agreements, to expend an amount exceeding the State Board's review thresholds for capital expenditures or acquisition of major medical equipment ~~minimum~~ or by an amount equal to or greater than 33 percent ~~or more~~ of the permit amount, whichever is less, and that the permit holder has demonstrated a financial commitment to fund the project. Financial commitment can be shown by a statement from a financial institution or other lender indicating that funding will be provided; or
  - 2) that the project is to be done internally or by permit holder and has been authorized by the governing body through the release of funds to expend 33 percent or more of the permit amount or an amount exceeding the capital expenditure minimum, whichever is less; or
  - 3) that the project has no cost and has been completed in accordance with subsection (g) above.

**AGENCY NOTE:** Prior to signing principal contracts or to otherwise obligating the project, the permit holder is required to obtain an authorization to obligate pursuant to Section 1130.720.

v) Project Commitment Date means the date the permit holder executes binding enforceable contracts to expend an amount which exceeds the capital expenditure minimum or at least 33 percent of the permit amount, whichever is less. For projects not undertaken by

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- 1) contract, the project commitment date is the date the permit holder's governing body authorizes or releases funds to expend an amount which exceeds the capital expenditure minimum or at least 33 percent or more of the permit amount, whichever is less. If a project has no cost the project commitment date is the date of project completion.
- 2) Proposal or Project means any proposed construction or modification of a health care facility or any proposed acquisition of equipment to be undertaken by an applicant.
- w) Review Period means the time from the date an application for permit is deemed complete until the State Board renders its final decision.
- x) Site means the physical location of a proposed project and is identified by address or legal property description.
- y) Site substantially changes the bed count of a health care facility means construction or modification, including acquisition of equipment, which changes the bed capacity of a health care facility by increasing or decreasing the total number of beds or by distributing beds among various categories of service or by relocating beds from one physical facility or site to another by more than 10 beds or more than 10% of total bed capacity as defined by the State Board, whichever is less, over a two year period. (Section 5 of the Act) The two year period begins on the date when additional beds added to the facility inventory become operational or ~~when~~ beds were discontinued. When a permit is granted which will result in a change in bed capacity, the applicant facility may not add or discontinue any more beds in those services affected by the permit for two years from the date that such beds become operational or discontinued without obtaining an additional permit from the State Board. The facility may add ~~or~~ discontinue beds (as long as the number added ~~or~~ discontinued does not exceed 10 beds or 10% of the total facility capacity, whichever is less, over the two year period) in the other services not affected by the permit. Each facility will be contacted annually to verify bed inventory. If there is found, through this verification process, an increase ~~or~~ decrease in the calculated bed capacity of the facility, the State Agency shall determine the date the two year period begins. The date shall be published in the next available compilation of the Inventory of Health Care Facility and Need Determinations by Planning Area.
- z) **AGENCY NOTE:** The discontinuation (reduction) of beds requires notice to the State Agency. The effective date of the bed reduction can be no earlier than the date of the State Agency's receipt of the bed reduction notice. It should also be noted that all proposed capital expenditures (including those which do not substantially change the bed capacity) in excess of the capital expenditure minimum require a permit, regardless of the purpose or nature of the project or transaction. However, it should also be noted that

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proposals for less than the capital expenditure minimum, including those with no capital expenditure, also require a permit if the project or transaction is for a substantial change in the facility's bed capacity.

aa) Substantially changes the scope or changes the functional operation of the facility means:  
the-instituting-at-a-site-of-an-additional-or-different-category-of-service-as-defined-in  
"Category-of-Service,"-(Section-5-of-the-Act)

1) establishing an additional category of service as defined in Part 1100.220;

2) discontinuation of an existing category of service when the service fails to meet utilization standards/target occupancy rates specified in "Subpart D: Need Formulas/Utilization Targets" of Part 1100 for a two-year period, or when a newly approved service fails to meet utilization standards/target occupancy rates as referenced above by the end of the second year of operation subsequent to project completion;

3) change of a representation made by the applicant in the "Application for Permit" subsequent to receipt of a permit including but not limited to the following:

A) withdrawal or non-participation in the medicare and/or medicaid programs;

B) any increase in the charges for a service for a period of two years from the date the service/facility becomes operational;

C) a change in admission policies for which a variance to computed bed need was granted pursuant to Sections 1110.530(a) and (b); 1110.630(b); 1110.730(d); 1110.1330(e); 1110.1430(c); and 1110.1730(d).

4) the addition of a surgical specialty for an ambulatory surgical treatment center not previously approved.

AGENCY NOTE: It should be noted that All proposed capital expenditures (including those which do not substantially change the scope) in excess of the capital expenditure minimum require a permit, regardless of the purpose or nature of the project or transaction. However, it should also be noted that proposals from the capital expenditure minimum or less including those with no capital expenditure, also require a permit if the project or transaction is for a substantial change in the facility's scope or functional operation.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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## SUBPART B: WHO IS SUBJECT TO THE HEALTH FACILITIES PLANNING ACT

Section 1130.210 Persons Subject to the Act

The following persons are subject to the Act:

a) Hospitals licensed pursuant to the Hospital Licensing Act, (Ill. Rev. Stat. 1991 4987, ch. 111½, par. 142 et seq. [210 ILCS 85]);

b) Ambulatory surgical treatment centers required to be licensed pursuant to the Ambulatory Surgical Treatment Center Act, (Ill. Rev. Stat. 1991 4987, ch. 111½, pars. 157-8.1 et seq. [210 ILCS 5]);

c) Long-term care facilities licensed pursuant to the Nursing Home Care Act, (Ill. Rev. Stat. 1991 4987-and 1989 Supp., ch. 111½, pars. 4151-101 et seq. [210 ILCS 45]);

d) Kidney disease treatment centers, including free standing hemodialysis units;

e) Health maintenance organizations required to be operated pursuant to the Health Maintenance Organization Act (Ill. Rev. Stat. 1987-ch.111½, pars. 1491-et seq.);

f) Any of the above types of facilities operated by the State or any department or agency thereof; and

g) Any person proposing to establish, construct or modify any of the above types of facilities or proposing to acquire major medical equipment.

(Source: Amend at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART C: TRANSACTIONS SUBJECT TO REVIEW

Section 1130.310 Transactions Subject to Review

a) A permit shall be obtained prior to the establishment, construction or modification of a health care facility which:

1) requires a total capital expenditure in excess of the capital expenditure minimum. All capital expenditure minimums (Section 1130.140(d)) shall be annually adjusted to reflect the increase in construction costs due to inflation. On October first of each year, the minimums will be adjusted for inflation. The basis for such adjustment for major medical equipment shall be the latest annual inflation rate as reflected in the Producer's Price Index as calculated in the DRI Health Care Costs section on Special Machinery and Equipment (DRI/McGraw-Hill Health

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Care Costs, Data Resources, 1750 K Street, N.W., Suite 300, Washington D.C. 20006). The basis for the adjustment to capital expenditures other than major medical equipment shall be the latest annual inflation rate as reflected in the medical construction component of the Means Cost Data (R.S. Means Company Inc., 100 Construction Plaza, P.O. Box 800, Kingston, MA 02364-0800). The revised minimums shall be published as an appendix to this Part; or

2) substantially changes the scope or changes the functional operation of the facility by construction or modification or by acquisition of new equipment or alteration of existing equipment. Categories of service which have not been utilized for their intended purpose for a period of twelve months or more are considered to be discontinued; or examples of substantial changes in scope or functional operation of the facility requiring a permit are:

A) the establishment or discontinuation of a category of service (as defined in 77 Ill. Adm. Code 1100.220 and 77 Ill. Adm. Code 1110) ~~Categories of service which have not been utilized for their intended purpose for a period of twelve months or more are considered to be discontinued; or unless exempted by Section 1130.410;~~

B) change of a representation made by the applicant in the "Application for Permit" subsequent to Permit issuance including but not limited to the following: withdrawal or non-participation in the medicare and/or medicaid programs; any increase in the charges for a service for a period of two years from the date the service/facility becomes operational; a change in admission policies for which a variance to computed bed need was granted pursuant to Sections 1110.530(a) and (b); 1110.630(b); 1110.730(d); 1110.1330(f); 1110.1430(c); and 1110.1730(d);

3) results in the establishment of a health care facility ~~either than a health maintenance organization; or~~

4) changes the bed capacity of a health care facility by increasing or decreasing the total number of beds or by distributing beds among various categories of service or by relocating beds from one physical facility or site to another by more than ten beds or more than ten percent of total bed capacity as defined by the State Board, whichever is less, over a two year period (pursuant to 77 Ill. Adm. Code 1100.220); or

5) discontinues an entire facility or category of service unless an exemption has been granted in accordance with the provisions of Section 1130.540. Categories of service which have not been utilized for a period of twelve months or more are considered to be discontinued; or

6) involves a change of ownership as defined in Section 1130.140 unless an exemption has been granted in accordance with the provisions of Section 1130.520.

b) A permit must be obtained prior to the acquisition of major medical equipment unless an exemption has been granted in accordance with the provisions of Section 1130.510.

c) Components of construction or modification which are interdependent must be grouped into one permit application. Interdependence occurs when components of construction or modification are architecturally and/or programmatically interrelated to the extent that undertaking one or more of the components compels the other components to be undertaken. In addition when components of construction or modification are to be undertaken by means of single construction contract those components must be grouped into an application for permit. Projects involving acquisition of equipment which are linked with construction for the provision of a service cannot be segmented. A health service linkage exists when all components must be present for a service to be operational, or when financing is obtained at one time for a series of related components. Computer software, for example, cannot be separated from the equipment needed to run the program.

d) Examples of projects which constitute construction or modification of a health care facility and require a permit include:

1) Projects located within a licensed or certified health care facility;

2) Projects which result in a health care facility:

A) Billing for services provided by the proposed project,

B) Capitalizing any portion of the proposed project,

C) Receiving reimbursement for services provided by the proposed project, or,

D) Receiving recognition as the provider of the proposed service by third

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service which have not been utilized for their intended purpose for a period of twelve months or more are considered to be discontinued; any existing categories of service which fail to meet service utilization standards/target occupancy rates as specified in "Subpart D: Need Formulas/Utilization Targets" of 77 Ill. Adm. Code 1100 for a two-year period, or when a newly approved service fails to meet service utilization standards as referenced above by the second year of operation subsequent to project completion, are also considered to be discontinued; or

6) involves a change of ownership as defined in Section 1130.140 unless an exemption has been granted in accordance with the provisions of Section 1130.520.

A) A permit must be obtained prior to the acquisition of major medical equipment unless an exemption has been granted in accordance with the provisions of Section 1130.510.

B) Components of construction or modification which are interdependent must be grouped into one permit application. Interdependence occurs when components of construction or modification are architecturally and/or programmatically interrelated to the extent that undertaking one or more of the components compels the other components to be undertaken. In addition when components of construction or modification are to be undertaken by means of single construction contract those components must be grouped into an application for permit. Projects involving acquisition of equipment which are linked with construction for the provision of a service cannot be segmented. A health service linkage exists when all components must be present for a service to be operational, or when financing is obtained at one time for a series of related components. Computer software, for example, cannot be separated from the equipment needed to run the program.

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6) involves a change of ownership as defined in Section 1130.140 unless an exemption has been granted in accordance with the provisions of Section 1130.520.

A) A permit must be obtained prior to the acquisition of major medical equipment unless an exemption has been granted in accordance with the provisions of Section 1130.510.

B) Components of construction or modification which are interdependent must be grouped into one permit application. Interdependence occurs when components of construction or modification are architecturally and/or programmatically interrelated to the extent that undertaking one or more of the components compels the other components to be undertaken. In addition when components of construction or modification are to be undertaken by means of single construction contract those components must be grouped into an application for permit. Projects involving acquisition of equipment which are linked with construction for the provision of a service cannot be segmented. A health service linkage exists when all components must be present for a service to be operational, or when financing is obtained at one time for a series of related components. Computer software, for example, cannot be separated from the equipment needed to run the program.

C) Examples of projects which constitute construction or modification of a health care facility and require a permit include:

1) Projects located within a licensed or certified health care facility;

2) Projects which result in a health care facility:

A) Billing for services provided by the proposed project,

B) Capitalizing any portion of the proposed project,

C) Receiving reimbursement for services provided by the proposed project, or,

D) Receiving recognition as the provider of the proposed service by third

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party payors;

3) Projects which are staffed or operated by the health care facility;

4) Projects which are otherwise of, by, through or on behalf of a health care facility.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**SUBPART D: TRANSACTIONS WHICH ARE EXEMPT FROM REVIEW**

## Section 1130.410 Transactions Which Are Exempt from Review

The following proposed transactions are not subject to review if an exemption is granted by the State Board:

- a) the acquisition of major medical equipment which will not be owned by, operated in behalf of, or located in a health care facility or be used to provide services to an inpatient of a health care facility.
- b) the change of ownership of an existing health care facility.
- c) the discontinuation of a health maintenance organization provided such establishment or discontinuation does not exceed the capital expenditure minimum.
- d) the discontinuation of an existing health care facility (other than a health maintenance organization) or of a category of service when that discontinuation is the result of
  - 1) revocation or denial of license renewal by a State or local regulatory agency;
  - 2) for facilities not subject to licensure, the loss of certification;
  - 3) discontinuation action taken by the State Board; or
  - 4) the voluntary surrender of a suspended license; or
- e) when a category of service fails to meet utilization standards/target occupancy rates as provided in Section 1130.140.
- f) establishment or discontinuation of a chronic renal dialysis category of service or free-standing facility.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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## SUBPART E: PROCEDURAL REQUIREMENTS FOR EXEMPTIONS

Section 1130.520 Requirements for Exemptions Involving the Change in Ownership of a Health Care Facility ~~Other Than a Health Maintenance Organization~~

- a) Submission of Application for Exemption
 

Prior to any person acquiring or entering into a contract to acquire an existing health care facility, ~~other than a health maintenance organization~~, the person must submit an application for exemption to the State Board, submit the required application processing fee and receive approval from the State Board.
- b) Application for Exemption Information
 

The application for exemption shall be approved pursuant to Section 1130.560 when the following information is submitted:

  - 1) the name and address of the person proposing to acquire the facility;
  - 2) the name and location of the existing health care facility to be acquired;
  - 3) a signed certification that the categories of service and number of beds as reflected in the Inventory of Health Care Facilities maintained by the Agency will not substantially change (per definition in Section 1130.140);
  - 4) documents which detail conditions and terms of any lease or purchase arrangement;
  - 5) financial information, the latest audited financial statements of the applicant and a statement by the applicant specifying the source of funds which will be used to acquire the facility;
  - 6) the anticipated acquisition price; and
  - 7) proof of publication of the required legal notice of the change of ownership (as required by Section 1130.520(c)); and,
  - 8) a statement acknowledging that the change of ownership will void any permits for projects which have not been completed.
- c) Documentation from the Illinois Secretary of State that the legal entity that is the ~~exemption~~ applicant is registered to conduct business in Illinois.

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## c) Legal Notice Requirements

Any person requesting an exemption for a change of ownership must publish a legal notice in a newspaper of general circulation in the community in which the facility is located. This legal notice must provide the following:

- 1) the name and address of the facility for which the exemption is sought;
- 2) the name and address of the applicant entity requesting the exemption;
- 32) the nature of the transaction (e.g., the purchase, lease, or the ABC-facility or transfer of stock of the licensed entity);
- 43) when the entity which will be assuming ownership of the facility is a wholly owned subsidiary of another corporation, the name and address of the parent firm;
- 54) a statement that all categories of service and beds currently provided will be maintained; and
- 65) a name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed transaction.

d) The Chairman, acting on behalf of the State Board, shall review applications for exemption for a change of ownership submitted pursuant to this section, and shall approve such applications if the requirements of subsections (b) and (c) of Section 1130.320 are met.

ed) A permit cannot be transferred. In the event of an acquisition of a health care facility prior to the completion of an approved project, it is the responsibility of the permit holder to seek State Board approval to alter the permit to reflect only that construction or modification which will be completed at the time ownership of the facility transfers to another person. Failure to obtain an alteration approval will result in the totality of the permit being considered abandoned. Any person requesting an exemption for a change of ownership of a health care facility for which an outstanding permit exists must in the case where a permit has been altered to avoid abandonment, submit documentation in accordance with the provisions of Section 1130.750 to detail as to the scope and costs associated with completing the project as originally proposed. The Agency shall advise the applicant for exemption if a permit is required under Section 1130.310. A permit is required if the remainder of the project meets the review conditions specified in Section 1130.310.

Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_

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## Section 1130.525. Requirements for Exemptions Involving the Establishment or Discontinuation of Chronic Renal Dialysis Category of Service, Hospital Based or Free-Standing Facility

a) Prior to any person establishing or discontinuing a chronic renal dialysis service or free-standing facility, the person must submit an application for exemption to the State Board with the required application processing fee and receive approval from the State Board.

b) Exemption Application Information

- 1) the name and address of the person proposing to establish or discontinue a chronic renal dialysis service or free-standing facility;
- 2) name, address and number of stations of the chronic renal dialysis service or free-standing facility to be established or discontinued;
- 3) the cost to establish or discontinue the chronic renal dialysis service or free-standing facility;
- 4) a signed certification by the exemption applicant that the sole purpose of the transaction is to establish or discontinue a chronic renal dialysis service or free-standing facility;
- 5) a signed certification by the exemption applicant that the following will be provided upon the proposed service's or free-standing facility's certification for participation in the medicare program as a supplier of End Stage Renal Disease (ESRD) treatment services:
  - A) that the location of the proposed service or free-standing facility is accessible to public transportation, other providers of health care services and the population to be served;
  - B) that services for self-care and home dialysis will be provided upon receipt of certification for participation in the medicare program as a supplier of ESRD treatment services.
- 6) Proof of publication of a legal notice for the proposed exemption transaction published in a newspaper of general circulation in the community in which the proposed service or free-standing facility is to be located, or for an existing service or free-standing facility to be discontinued, the community in which it is located. The legal notice must include the following:
  - A) the name and address of the exemption applicant;

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B) the name and address of the chronic renal dialysis free-standing facility to be established or discontinued; for a hospital based service, the name and address of the hospital establishing or discontinuing the service;

C) a description of the proposed transaction (e.g., the establishment/discontinuation of a chronic renal dialysis service or free-standing facility and the number of stations to be established or discontinued;

D) the name, title, address and phone number of an individual from whom interested parties may obtain information on the proposed transaction.

2) A proposal for the establishment of a chronic renal dialysis service or free-standing facility must meet the following minimum size requirement.

A) three dialysis stations in areas not included in a metropolitan service area or in a metropolitan service area of less than 500,000 population;

B) six dialysis stations in metropolitan service areas over 500,000 population.

8) Any transaction for the establishment or discontinuation of a chronic renal dialysis service or free-standing facility that exceeds either of the State Board's thresholds for capital expenditures or for the acquisition of major medical equipment shall be required to obtain a permit from the State Board.

9) Unless renewed by the State Board, all provisions in this Part 1130 for the exemption of chronic renal dialysis free-standing facilities or services shall expire two years from their effective date.

(Source: Added at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 1130.530 Requirements for Exemptions Involving Health Maintenance Organizations (Repealed)  
 The change of ownership or establishment or discontinuation of a health maintenance organization is exempt from review and no application for exemption or fee is required.  
 Section 1130.530 Validity of an Exemption

(Source: Repealed at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 1130.570 Validity of an Exemption

a) An exemption for a change of ownership or for acquisition of major medical equipment

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shall be valid for 12 months. The exemption holder shall notify in writing the Agency within 60 days of the date a change of ownership is effected through certification or issuance of a license or within 60 days of the date of obligation pursuant to Section 1130.14(f) for the acquisition of major medical equipment. Failure to provide the required notification shall subject the exemption holder to the sanctions provided under Section 14 of the Act from the date of exemption issuance. An exemption transaction for which the exemption was issued must be completed within this 12-month period. The exemption holder must notify the State Agency in writing prior to the expiration date of the exemption as follows:

1) for change of ownership, notification to the State Agency specifying the effective date of the ownership change as evidenced by the issuance of a license or certification;

2) for stock transfers, documentation showing the effective date of the stock transfer;

3) for the acquisition of major medical equipment, documentation showing obligation of the transaction as defined in Section 1130.14(f);

AGENCY NOTE: Failure to provide the required notification shall subject the exemption holder to the sanctions provided by the Act.

b) If an exemption is not obtained in accordance with the provisions of this Part, then a permit must be obtained. An exemption for a change of ownership of a health care facility shall be invalid if the health care facility ceases to be an existing health care facility as defined in Section 1130.14(f).

2) An exemption for a chronic renal dialysis service or free-standing facility shall remain valid and in effect providing the following requirements are met:

1) obligation as defined in Section 1130.140 is accomplished within 12 months from the date the exemption is issued;

2) certification for participation in the medicare program as a provider of chronic dialysis services is obtained and the State Agency receives documentation of the certification within 24 months from the date of exemption issuance;

3) services for self-care and home dialysis continue to be provided as certified in the exemption application;

4) there is no change in the certification status of the exemption holder as a provider of chronic renal dialysis services;

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**5** for the discontinuation of a chronic renal dialysis service or free-standing facility documentation showing that the facility or service is no longer certified for participation in the medicare program as a supplier of chronic renal dialysis treatment services.

**d** Failure to comply with any conditions and/or certifications required for an exemption shall constitute an unauthorized modification to the exemption and shall subject the person to the penalties provided by the Act.

**ee**) Any person failing to obtain an exemption or permit when required shall be subject to the sanctions provided by ~~under~~Section 14-of the Act.

**1** An exemption is not transferable or assignable, nor can it be bought nor sold on its own or as part of any other transaction for a change in the ownership of a health care facility or for the acquisition of major medical equipment or the establishment of a chronic renal dialysis service or free-standing facility.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

## SUBPART F: PROCEDURAL REQUIREMENTS FOR THE REVIEW AND PROCESSING OF APPLICATIONS FOR PERMIT

## Section 1130.620 Consultation, Classification and Completeness Review

## a) Consultation

The application must be completed in accordance with the requirements of this Part which are applicable to the individual project. An applicant may request consultation with the Agency regarding completion of the application and the applicability of the requirements of this Part.

## b) Classification of an Application

1) An application for permit shall be classified as:

- A) Substantive; or
- B) Non-Substantive; or
- C) Emergency.

2) Definitions of each classification are set forth in 77 Ill. Adm. Code 1100.220.

**c**) Completeness Review

- 1) Upon receipt of an application for permit, the Agency shall determine whether the application is complete or incomplete. An application for any project other than one involving the addition of beds shall be deemed complete within ten days of receipt if:
  - A) all review criteria applicable to the individual project (77 Ill. Adm. Code 1110 and 1120) have been addressed;
  - B) the required fee (as outlined in 77 Ill. Adm. Code 1190, Permit Application Fees) has been submitted;
  - C) six copies of the application including one copy of the application containing original signatures have been submitted;
  - D) all semi-annual progress reports on previously approved projects have been submitted;
  - E) all required information concerning completion of previously approved projects has been submitted; and
  - F) the project proposed contains major medical equipment, the cost of the equipment to be acquired.
- 2) An application shall be incomplete if any of the elements described in subsection (c)(1) above are not present or if additional information or documentation is required to clarify a response.
- 3) An application for a project which involves the addition of beds shall be deemed complete on the day of receipt if subsections (B), (C), (D), and (E) of subsection(c)(1) above are submitted and if received no later than 8:30 a.m. on that day. Applications received after 8:30 a.m. shall be deemed as being received the following business day.
- 4) The Agency shall notify the applicant in writing, within ten working days, of its decision and in the case of an incomplete application, the reasons therefor.
- 5) If the application is deemed complete, the date of completion shall initiate the review period. If the application is deemed incomplete, the applicant shall be allowed ninety days from the date of receipt of the notification to provide all necessary information to complete the application. Upon receipt of all additional information requested, the Agency shall again review the application for

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completeness and shall notify the applicant of its decision within ten working days. If the Agency finds that the application remains incomplete at the end of the allotted response period, the application shall be declared null and void, and all fees paid forfeited.

6) **AGENCY NOTE:** It is the responsibility of the applicant to assure that the Agency is in receipt of the additional information within the prescribed time frame.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1130.650 Modification of an Application

a) Modifications shall be classified as Type A or Type B. Type A modifications shall be subject to the public hearing requirements of 77 Ill. Adm. Code 1200. If requested, a hearing would occur within the time allocated for Agency review. Type A modifications consist of any of the following:

- 1) An increase in the number of beds or end-stage-renal-disease-stations proposed in the project.
- 2) A change in the site of the project to a new location within the planning area.
- 3) An increase in the cost of the project exceeding ten percent of the original estimated project cost.
- 4) A change in the square footage of the project if such change results in an increase in the exterior dimensions of the project.
- 5) An increase in the categories of service to be provided.

b) All other modifications are Type B modifications and are not subject to public hearing.

c) An applicant can modify a project only twice during the review period.

d) If an applicant modifies an application, the Agency shall have up to 60 days to review the modification pursuant to the applicable review criteria, hold a public hearing if requested, and submit its findings to the State Board at the next scheduled meeting.

**AGENCY NOTE:** A change in the applicant or a change in site to a location outside the planning area originally identified in the application are not considered modifications, and if either occurs the application shall be deemed void. (See also Section 1130.140(s)(2).)

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(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART G: PERMIT VALIDITY, REPORTING REQUIREMENTS AND REVOCATION

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6) **AGENCY NOTE:** It is the responsibility of the applicant to assure that the Agency is in receipt of the additional information within the prescribed time frame.

a) A permit shall be valid until such time as the project has been completed, provided that the obligation of the project occurs within 12 months following issuance of the permit except for "major construction projects" and Master Construction Projects, in which case the obligation must occur within 18 months unless the obligation period is extended by the State Board; and the project commences and proceeds to completion with due diligence (as defined in Section 1130.140). Projects, other than Master Construction projects, under \$25 million must be completed within two years from the project commitment date; projects of \$25 million or more must be completed by the completion date specified in the application or five years from the project commitment date, whichever is earlier. Permits for Master Construction projects must be completed within the timetable for completion specified in the "Application for Permit." All permits for projects which are not completed in the timeframes specified shall expire for lack of due diligence, unless renewed by the State Board.

b) A permit is valid only for the defined construction or modification, equipment, site, amount and person(s) named in the application for such permit and shall not be transferable or assignable. A transfer or assignment of a permit includes a change in the person who is the permit holder; a change in the membership or sponsorship of a not-for-profit corporation which is the permit holder; or the transfer, assignment, or other disposition of ten percent or more of the stock or voting rights thereunder of a for-profit corporation which is the permit holder.

c) A permit shall not be bought, sold, nor transferred either on its own or as part of a transaction for a change of ownership of a health care facility or for the acquisition of major medical equipment. When a facility with a valid permit is purchased or otherwise acquired, such permit may not be transferred to allow the acquiring entity to complete the project for which the permit was granted. If a change of ownership occurs involving a valid permit which has not been completed the permit shall be considered abandoned by the permit holder.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1130.720 Authorization to Obligate and Obligation

a) Projects for construction, establishment or modification must be obligated (pursuant to

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Section 1130.140) prior to the expiration date of the permit.

b) Prior to obligation, the permit holder must receive an authorization to obligate the project from the Agency. Authorization is based on a demonstration by the permit holder of continued compliance with all financial and economic feasibility criteria and that the project is in compliance with the alteration requirements in Section 1130.750 ~~has not been altered without State Board approval~~. It is the responsibility of the permit holder to initiate the authorization to obligate process by written notification to the Agency.

c) ~~The permit holder shall~~ Prior to signing the principal contract(s) or otherwise obligating for the project by expending an amount equal to or exceeding the review thresholds for capital expenditures or acquisition of major medical equipment, or by an amount equal to or greater than 33% of the permit amount, whichever is less, ~~the~~ permit holder shall submit the following for an authorization to obligate request:

- 1) project identification information including permit number and name of permit holder;
- 2) a statement that sources of financing have not changed or, if changed, to what degree and for what reason;
- 3) a revised breakdown of project cost and of sources and uses of funds;
- 4) unsigned copies of all contracts, purchase orders or lease agreements involving the project; and
- 5) a statement which lists the alterations, if any, that are proposed.

d) Projects approved prior to the effective date of this section which do not exceed ten percent of the originally approved permit amount and which reflect continued compliance with the debt financing limitations, the financial and economic feasibility requirements, and the alteration requirements of the State Board shall be authorized to obligate.

e) Projects approved subsequent to the effective date of this section which do not exceed the permit amount and which reflect continued compliance with the debt financing limitations, the financial and economic feasibility requirements, and the alteration requirements of the State Board shall be authorized to obligate.

f) Projects with altered permit amounts, regardless of the permit approval date, or the alteration approval date, which do not exceed the altered permit amount and which reflect continued compliance with debt financing limitations, financial and economic feasibility requirements, and the alteration requirements of the State Board shall be authorized to obligate.

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g) Obligation of a project occurs only upon receipt of all documentation required pursuant to Part 1130.140 for project obligation.

h) Permits for projects which have not been obligated prior to the expiration date of the permit shall be considered expired and the project abandoned.

i) Failure to comply with the authorization to obligate requirements shall be cause for the State Board to initiate proceedings to revoke the permit and/or seek sanctions provided by the Act.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 1130.730 Extension of the Obligation Period

a) The State Board may grant the permit holder a single extension of time to obligate the project. An extension shall not exceed three months and shall commence on the expiration date of the permit (i.e., 12 or 18 months from the date of State Board ~~approval authorization~~ pursuant to Section 1130.710). Permits not obligated within approved time frames will expire.

b) In requesting an extension, the permit holder shall describe, in writing, the events which have delayed the project's timely obligation and provide the following documentation:

- 1) ~~f~~For major construction proposals, evidence that design development drawings have been prepared;
- 2) ~~f~~For provision of major equipment, evidence that suppliers have been solicited and cost estimates received;
- 3) ~~f~~For provision of new services, evidence that substantial actions leading to the provision of such services have been accomplished;
- 4) ~~g~~A revised schedule indicating how obligation will be accomplished within the extension period requested;
- 5) ~~e~~Evidence that approval of loans, issuance of bonds or other necessary means of financing have been approved or can be secured where necessary for project funding per the application;
- 6) ~~g~~the amount of funds expended to date for the project.

c) A request for extension shall be made in writing and shall be received by the State Agency no later than forty-five days before the permit expiration date. A request for

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extension which is not submitted in accordance with this time frame above shall not be presented to the State Board for action.

d) The State Board shall evaluate the information submitted in making its determination whether to grant the extension. Projects which continue to comply with the provisions of 77 Ill. Adm. Code 1110 and 1120 and which have shown good cause by submitting the required information for an extension request specified in Section 1130.73(b), and that the causes for delays are beyond the permit holder's control, ~~precedeeded with due diligence as defined in Section 1130.140(k)~~ shall be approved for extension. Seven affirmative votes are required for approval of an extension. Denial by the State Board of an extension request shall constitute the final State Board decision and is not subject to an administrative appeal.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1130.740 Renewal of a Permit

A project must be completed within the timeframes specified in Section 1130.710(a) unless renewed by the State Board.

a) Renewal of a permit by the State Board for projects not completed is subject to the following:

1) Projects which have not obtained permit renewals and which were obligated prior to May 1, 1990, must obtain permit renewals no later than March 26, 1994, which is one year from the effective date this provision became effective ~~of this rule~~, Projects which have obtained permit renewals or which were obligated after May 1, 1990, must be completed or obtain permit renewals prior to the required project completion date.

b) Failure to complete a project or to renew a permit within the prescribed timeframes shall result in the expiration of the permit for lack of due diligence, and the matter shall not be subject to an administrative hearing under 77 Ill. Adm. Code 1180 and the project shall be considered abandoned ~~will require a new permit to complete the project.~~

c) A permit renewal shall commence on the expiration date of the original or renewed completion period.

d) The request for permit renewal shall be in writing and shall be received by the State Agency at least 45 days prior to the expiration date of the completion period, and shall include the following information:

1) the requested completion date; and duration of the renewal requested;

2) a status report on the project detailing what percent has been completed and a summary of project components yet to be finished, and the amount of funds expended on the project to date; and

3) a statement as to the reasons why the project has not been completed; and

4) evidence of financial commitment to fund the project; and

5) the anticipated final cost of the project.

e) The State Board will evaluate the information submitted to determine if the project has proceeded with due diligence [as defined in Section 1130.140(k)]. Seven affirmative votes are required to approve a renewal. Denial of a permit renewal request shall constitute the State Board's "Notice of Intent to Revoke" a permit and shall be subject to appeal under the provisions of 77 Ill. Adm. Code 1180 (Practice and Procedure in Administrative Hearings).

AGENCY NOTE: Permit revocation procedures are explained in Section 1130.780.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1130.750 Alteration of a Project for which a Permit Has Been Issued

A permit is valid only for the defined construction or modification, equipment, site, amount and person(s) named in the application. Any change to a project subsequent to the State Board's issuance of a permit constitutes an alteration to the project.

a) The permit holder shall notify the State Agency in writing of any alterations to a project for which a permit has been issued prior to incurring the alteration. The notice shall include a description of the alteration and related costs (if any) as well as information regarding financing for the cost increase (if any).

b) If a permit holder proposes to alter a project for which a permit has been issued, for alterations which require State Board approval per Section 1130.750(c), a request for alteration must be submitted to the State Agency Board. ~~Section 1130.750(c) The request must contain a description of the proposed alteration, including related costs and financing, and must address all applicable review criteria related to the alteration.~~

c) The following proposed alterations require approval by the State Board prior to the permit holder incurring the alteration:

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- 1) a change in the approved number of beds or stations; or
- 2) abandonment of a category or change in the categories of service approved; or
- 3) a change in the square footage of the project if such change increases is not in compliance with 77 Ill. Admin. Code 1110 or 1120, the exterior dimensions of the project; or
- 4) for projects, other than Master Construction projects, approved prior to the effective date of this section, an increase in the cost of the project which exceeds ten percent of the original approved permit amount; or
- 5) for projects approved subsequent to the effective date of this Section, and for Master Construction projects regardless of approval date, any increase in the cost of the project which exceeds the permit amount; or
- 6) for projects with altered permit amounts, regardless of permit approval date or alteration approval date, any increase in the altered permit amount; or
- 7) any increase in the amount of funds to be borrowed; or
- 6) an increase in the revised permit amount previously approved by alteration; or
- 7) an increase in the cost of a master design project (See 77 Ill. Admin. Code 1110.60).

## d) Alteration Procedures

- 1) The State Agency shall review the alteration request for compliance with the review criteria and submit its findings to the State Board. If additional information is needed by the Agency to perform a review of the request, the permit holder shall be notified in writing.
 

A request for alteration reviewed by the State Board is subject to the provisions of 77 Ill. Admin. Code 1110, 1210.30, or 1120, which are applicable to the individual project. Any proposed increase to a permit amount that exceeds the State Board's thresholds for capital expenditures can be reviewed as an alteration to the project providing that there are not any other components to the proposed alteration that, when taken as a separate component, require a permit under the Act. Such components and any other proposed alterations to a project which would, when taken as a separate component, require a permit under the Act, shall not be subject to review under this Section but shall require a new application.
- 2) A request for alteration reviewed by the State Board is subject to the provisions of 77 Ill. Admin. Code 1110, 1210.30, or 1120, which are applicable to the individual project. Any proposed increase to a permit amount that exceeds the State Board's thresholds for capital expenditures can be reviewed as an alteration to the project providing that there are not any other components to the proposed alteration that, when taken as a separate component, require a permit under the Act. Such components and any other proposed alterations to a project which would, when taken as a separate component, require a permit under the Act, shall not be subject to review under this Section but shall require a new application.

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ed) Upon approval of a request for alteration, the Agency shall revise the permit to reflect the alteration and shall adjust all inventories accordingly. If a permit holder reduces the scope or size of the project, the permit amount shall be reduced accordingly.

ef) Decisions on requests for alteration shall be transmitted, in writing, to the permit holder by the Executive Secretary.

gf) Seven affirmative votes are required for approval of an alteration. The approval or denial of a request for alteration constitutes the State Board's final administrative decision. Approval of an alteration is based on the continued compliance of the project with 77 Ill. Admin. Code 1110 or 1120, as applicable.

h) Any alteration without State Board approval (when required) shall be considered a violation of the "Act" and shall be subject to the penalties mandated in the "Act."

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 1130.760 Semi-Annual Progress Reports

a) Each permit holder shall submit semi-annual progress reports to the Agency every ~~one~~ ~~or~~ ~~more~~ ~~than~~ 30 days before six months from the permit issuance date or from the last progress report, semi-annual progress reports until such time as the project is completed. The semi-annual progress reports are due no earlier than 30 days prior to the six months anniversary date of permit issuance and no earlier than five months thereafter, but no later than six months thereafter. Such reports shall include:

- 1) current status of the project, including: the percentage of the project finished; components finished and components yet to be finished; any changes in the scope of the project and size; and
- 2) costs incurred and progress to date which should include and an itemized listing of the total current estimated project costs by sources and use of funds as detailed in 77 Ill. Admin. Code 1120 expenditures which have occurred and a comparison of those costs to the approved permit amounts; and current information on financing for the project; and
- 3) the schedule of construction stages to completion; and
- 4) the anticipated date of completion.

b) Failure to provide the required semi-annual progress reports will result in future applications being considered incomplete until the required reports are received by the Agency.

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1130.770 Project Completion, Final Realized Costs and Cost OVERRUNS

Each permit holder shall ~~is to~~ notify the State Agency regarding completion of the project.

- a) For projects with no cost, the permit holder must submit a written notice of project completion to the Agency. Such notice is required only when a completion date has not been determined by the Agency pursuant to Section 1130.140.
- b) For projects which have costs that will be submitted for reimbursement pursuant to Titles XVIII and XIX of the Social Security Act, the permit holder must submit a report of final realized costs containing the following:
  - 1) a detailed itemization of all ~~expenditures~~ by project costs by sources and use of funds as detailed in 77 Ill. Adm. Code 1120;
  - 2) a ~~detailed itemization of sources of funds for the project as detailed in 77 Ill. Adm. Code 1120;~~
  - 3) an itemization of those project costs which have been or will be submitted for reimbursement under Title XVIII and XIX;
- 34) a certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX;
- 45) verification of the required information signed by two officers of the legal entity that is the permit holder.
- c) For projects which have costs that will not be submitted for reimbursement pursuant to Title XVIII and XIX of the Social Security Act, the permit holder must submit a report of final realized cost containing the following:
  - 1) a detailed itemization of all ~~expenditures~~ by project cost(s) by sources and use of funds ~~comperhent~~ as detailed in 77 Ill. Adm. Code 1120;
  - 2) a ~~detailed itemization of sources of funds for the project as detailed in 77 Ill. Adm. Code 1120;~~
  - 23) a certification of the expenditures and sources of funds by an independent auditor;

## NOTICE OF PROPOSED AMENDMENTS

- 34) verification that the final realized costs are the total costs required to complete the project and that there are no additional or associated capital expenditures related to the project. The verification is to be signed by two officers of the legal entity that is the permit holder.
- d) Failure to file final realized costs reports will result in subsequent applications for permit filed by the permit holder to be deemed incomplete until the required ~~such~~ report is filed.
- e) All permits for projects which are not completed in required timeframes shall constitute a basis to revoke the permit ~~expire for lack of due diligence~~, unless renewed by the State Board (reference Section 1130.710 and 1130.740).
- f) For projects approved prior to the effective date of this section, if the final realized cost exceeds the originally approved permit amount or an as revised ~~altered~~ permit amount (if less than the original amount) by more than ten percent, the amount over ten percent shall be considered a cost overrun without a permit unless subsequently approved as ~~an~~ ~~alteration~~ by the State Board.
- g) For projects which have an been altered permit amount approved by the State Board, regardless of permit or alteration approval date, ~~and been approved for a revised permit amount which exceeds the original permit amount~~, any amount of the final realized cost which exceeds the revised permit amount shall be considered a cost overrun and without permit unless subsequently approved by the State Board.
- h) For projects approved subsequent to the effective date of this section, any amount of the final realized cost that exceeds the permit amount shall be considered a cost overrun without a permit unless subsequently approved by the State Board.
- i) Any project with a cost overrun shall not be complete until such time as the State Board determines that the project is complete.

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 1130.780 Revocation of a Permit

- a) Revocation proceedings shall be initiated by the State Board for any of the following reasons:
  - 1) ~~The project for which the permit was granted has been altered without approval of the State Board;~~
  - 2) the permit holder has failed to comply with the authorization to obligate requirements;

## DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

## NOTICE OF PROPOSED AMENDMENTS

3) There has been a change in the amount for which the permit was granted which was not approved by the State Board;

4) There has been information submitted by the permit holder that is false and material to the issuance of the permit or completion of the project; or

5) ~~The project has not been completed with due diligence or in accordance with the provisions of Section 1130.710, or a request for renewal has not been received or has been denied.~~

b) If at any time the Agency has information that a reason for revocation of a permit exists pursuant to subsection (a) above, the Agency shall provide the permit holder written notification of the allegations and of the date, time and place when such allegations will be reviewed by the State Board. The permit holder will be afforded 30 days following receipt of the Agency notification to prepare and submit a written response to the allegations, which will be submitted along with the Agency report to the State Board for review.

AGENCY NOTE: It is the responsibility of the permit holder to assure that the Agency is in receipt of the written response within the prescribed time frame.

c) If after reviewing the allegations and the permit holder's response, if any, the State Board finds that a basis for revocation exists pursuant to subsection (a) above, it shall issue and transmit to the permit holder a "Notice of an Intent to Revoke" a permit.

d) The permit holder may request an administrative hearing by filing a written request with the Chairman within 30 days of receipt of the "Notice of Intent to Revoke" a permit pursuant to 77 Ill. Adm. Code 1180. The administrative hearing shall be conducted in accordance with 77 Ill. Adm. Code 1180.

e) If at the end of the 30-day period the permit holder has not responded or requested an administrative hearing the State Board shall at its next regularly scheduled meeting act on the matter of the revocation of the permit. If an administrative hearing has been held, the State Board shall act on the matter of the revocation of the permit following the submission of the hearing officer's report.

f) If the State Board orders the revocation of a permit, the Executive Secretary shall transmit the decision to the permit holder by certified mail or shall serve it personally on the permit holder. All inventories shall be amended to indicate the elimination of the proposed project.

g) The decision by the State Board on the revocation of a permit constitutes its final administrative decision and shall be subject to the provisions of the Administrative

Review Law. (Ill. Rev. Stat. 1991, ch. 127, par. 1009)

(Source: Amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
Section 1130.790 Penalties, Fines and Sanctions Mandated in the Illinois Health Facilities Planning Act for Non-compliance with the Act and the State Board's Rules

a) ANY PERSON ESTABLISHING, CONSTRUCTING, OR MODIFYING A HEALTH CARE FACILITY OR PORTION THEREOF WITHOUT OBTAINING A REQUIRED PERMIT, OR IN VIOLATION OF THE TERMS OF THE REQUIRED PERMIT, SHALL NOT BE ELIGIBLE TO APPLY FOR ANY NECESSARY OPERATING LICENSES, OR BE ELIGIBLE FOR PAYMENT BY ANY STATE AGENCY FOR SERVICES RENDERED IN THAT FACILITY OR PORTION THEREOF UNTIL THE REQUIRED PERMIT IS OBTAINED. (Section 14.1 of the Act)

b) ANY PERSON ACQUIRING MAJOR MEDICAL EQUIPMENT OR ESTABLISHING, CONSTRUCTING OR MODIFYING A HEALTH CARE FACILITY WITHOUT A PERMIT ISSUED UNDER THIS ACT OR IN VIOLATION OF THE TERMS OF SUCH A PERMIT IS GUILTY OF A BUSINESS OFFENSE AND MAY BE FINED UP TO \$25,000. (Section 14.1 of the Act)

c) THE STATE BOARD MAY DENY AN APPLICATION FOR PERMIT OR MAY REVOKE OR TAKE OTHER ACTION AS PERMITTED BY THE ACT WITH REGARD TO A PERMIT AS THE STATE BOARD DEEMS NECESSARY INCLUDING THE IMPOSITION OF FINES. (Section 14.1 of the Act)

d) THE STATE BOARD MAY IMPOSE FINES AS SPECIFIED BELOW FOR THE ENUMERATED VIOLATIONS:

1) A PERMIT HOLDER WHO FAILS TO COMPLY WITH THE REQUIREMENTS FOR MAINTAINING A VALID PERMIT SHALL BE FINED AN AMOUNT NOT TO EXCEED 1% OF THE APPROVED PERMIT AMOUNT, PLUS AN ADDITIONAL 1% OF THE APPROVED PERMIT AMOUNT FOR EACH 30-DAY PERIOD, OR FRACTION THEREOF, THAT THE VIOLATION CONTINUES. (Section 14.1 of the Act)

2) A PERMIT HOLDER WHO ALTERS THE SCOPE AND SIZE OF AN APPROVED PROJECT OR WHOSE PROJECT COSTS EXCEED THE ALLOWABLE PERMIT AMOUNT WITHOUT FIRST OBTAINING STATE BOARD APPROVAL SHALL BE FINED AN AMOUNT NOT TO EXCEED THE SUM OF: (Section 14.1 of the Act)

A) THE LESSER OF \$25,000 OR 2% OF THE APPROVED PERMIT

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AMOUNT, AND (Section 14.1 of the Act)

B) IN THOSE CASES WHERE THE APPROVED PERMIT AMOUNT IS EXCEEDED BY MORE THAN \$1,000,000, AN ADDITIONAL \$20,000 FOR EACH \$1,000,000, OR FRACTION THEREOF, IN EXCESS OF THE APPROVED PERMIT AMOUNT. (Section 14.1 of the Act)

3) A PERSON WHO ACQUIRES MAJOR MEDICAL EQUIPMENT, OR WHO ESTABLISHES A CATEGORY OF SERVICE WITHOUT FIRST OBTAINING A PERMIT OR EXEMPTION, AS THE CASE MIGHT BE, SHALL BE FINED AN AMOUNT NOT TO EXCEED \$10,000 FOR EACH SUCH ACQUISITION OR CATEGORY OF SERVICE ESTABLISHED PLUS AN ADDITIONAL \$10,000 FOR EACH 30-DAY PERIOD, OR FRACTION THEREOF, THAT THE VIOLATION CONTINUES. (Section 14.1 of the Act)

4) A PERSON WHO CONSTRUCTS, MODIFIES, OR ESTABLISHES A HEALTH CARE FACILITY WITHOUT FIRST OBTAINING A PERMIT SHALL BE FINED AN AMOUNT NOT TO EXCEED \$25,000 PLUS AN ADDITIONAL \$25,000 FOR EACH 30-DAY PERIOD, OR FRACTION THEREOF, THAT THE VIOLATION CONTINUES. (Section 14.1 of the Act)

5) A PERSON WHO DISCONTINUES A HEALTH CARE FACILITY OR CATEGORY OF SERVICE WITHOUT FIRST OBTAINING A PERMIT SHALL BE FINED AN AMOUNT NOT TO EXCEED \$10,000 PLUS AN ADDITIONAL \$10,000 FOR EACH 30-DAY PERIOD, OR FRACTION THEREOF, THAT THE VIOLATION CONTINUES. (Section 14.1 of the Act)

6) A PERSON SUBJECT TO THIS ACT WHO FAILS TO PROVIDE INFORMATION REQUESTED BY THE STATE BOARD OR STATE AGENCY WITHIN 30 DAYS OF A FORMAL WRITTEN REQUEST SHALL BE FINED AN AMOUNT NOT TO EXCEED \$1,000 FOR EACH 30-DAY PERIOD, OR FRACTION THEREOF, THAT THE INFORMATION IS NOT RECEIVED BY THE STATE BOARD OR STATE AGENCY. (Section 14.1 of the Act)

AGENCY NOTE: Failure to pay any fine imposed under this section within 30 days of its imposition shall subject the person to other sanctions permitted by the Act as the State Board deems appropriate.

(Source: Added at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

## NOTICE OF PROPOSED AMENDMENTS

AMOUNT, AND (Section 14.1 of the Act)

1) Heading of the Part: The Administration and Operation of the Teachers' Retirement System

2) Code Citation: 80 Ill. Adm. Code 1650

3) Section Numbers:

1650.181

4) Statutory Authority: Implementing and authorized by Sections 16-106, 16-118, 16-121, 16-125, 16-133, 16-136, 16-149, 16-149.1, 16-149.2, 16-150, 16-153.2, 16-155, 16-168 and 16-192 of the Illinois Pension Code [40 ILCS 5/16-106, 16-118, 16-121, 16-125, 16-133, 16-136, 16-149, 16-149.1, 16-149.2, 16-150, 16-153.2, 16-155, 16-168 and 16-192].

5) A Complete Description of the Subjects and Issues Involved:

1650.181

Under Section 16-133.4 and 16-133.5 of the Illinois Pension Code, employers of employees reportable to the Teachers' Retirement System, are required to make contributions for employees that retire under an early retirement incentive (40 ILCS 5/16-133.4 and 16-133.5). If the employer elects to pay the required employer's early retirement contribution in installments, as provided by the statute, the payments must be made in equal quarterly installments over a period not to exceed 5 years from the date of retirement. At the time 80 Illinois Administrative Code Ch. III, Sec. 1650.181 was promulgated, the Teachers' Retirement System was unable to assess these contributions quarterly within the 5 year time frame. New computer programming has made it possible for the System to bill these payments as required by the statute and the emergency rule is necessary to allow implementation within the statutory time frames. By receiving the required contributions on October 15, instead of January 15, the System will realize interest on those payments in excess of \$7.2 million. The Teachers' Retirement System finds that the delayed receipt of this revenue would constitute a threat to the public interest and the welfare of the members of the Teachers' Retirement System, as well as the System's continuation, as the System is seriously underfunded in excess of \$7 billion.

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS  
NOTICE OF PROPOSED AMENDMENTS

6) Will this proposed amendment replace an emergency amendment currently in effect? Yes  
7) Does this rulemaking contain an automatic repeal date? No  
8) Does this proposed amendment contain incorporations by reference? No  
9) Are there any other proposed amendments pending on this Part? No  
10) Statement of Statewide Policy Objectives: Not Applicable  
11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed amendment may be submitted in writing for a period of 45 days following publication of this Notice.

Wilma VanScoyoc, General Counsel  
Teachers' Retirement System  
2815 West Washington, P. O. Box 19253  
Springfield, Illinois 62794-9253

12) Initial Regulatory Flexibility Analysis: These rules will not affect small businesses.  
A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: Not Applicable  
B) Types of small businesses affected: None  
C) Reporting, bookkeeping or other procedures required for compliance: None

The full text of the Proposed Amendment is identical to the text of the emergency appearing on page 8949:

1) Heading of the Part: Administration of the Illinois Public Community College Act  
2) Code Citation: 23 Ill. Adm. Code 1501  
3) Section Numbers: Adopted Action:  
1501.301  
1501.302  
4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 122, pars. 102-1 et seq., pars. 103-1 et seq., and par. 106-5.3 [110 ILCS 805/2-1 et seq., 805/3-1, and 6-5.3]  
5) Effective Date of Amendments: JUN 01 1994  
6) Does this rulemaking contain an automatic repeal date? No  
7) Do the Amendments contain incorporations by reference? No  
8) Date Filed in Agency's Principal Office: May 24, 1994  
9) Notice of Proposal Published in Illinois Register: January 21, 1994, 18 Ill. Reg. 569  
10) Has JCAR issued a statement of Objections to the Amendments? No  
11) Differences between proposal and final version:  
No substantive changes have been made to the text of the proposed amendment.  
12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes  
13) Will the Amendment replace an emergency rule currently in effect? No  
14) Are there any Amendments pending on this Part? No

## ILLINOIS COMMUNITY COLLEGE BOARD

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**15) Summary and Purpose of Amendment:**  
The amendments create and define the structure of the Associate in Fine Arts and the Associate in Engineering Science degrees for the community colleges to ensure transferability. It also includes updates to the general education requirements for the Associate in Arts and Associate in Science degrees to bring them in line with the ICCB models.

**16) Information and questions regarding this adopted amendment shall be directed to:**

Zachariah Mathew  
Special Assistant for Fiscal Affairs  
Illinois Community College Board  
509 South Sixth Street, Room 400  
Springfield, Illinois 62701-1874  
(217) 785-0015 (voice)  
(217) 782-5645 (TDD)

The full text of the Adopted Amendments begins on the next page.

## ILLINOIS REGISTER

## ILLINOIS COMMUNITY COLLEGE BOARD

## NOTICE OF ADOPTED AMENDMENT(S)

## TITLE 23: EDUCATION AND CULTURAL RESOURCES

## CHAPTER VII: ILLINOIS COMMUNITY COLLEGE BOARD

PART 1501  
ADMINISTRATION OF THE ILLINOIS PUBLIC COMMUNITY COLLEGE ACT

## SUBPART A: ILLINOIS COMMUNITY COLLEGE BOARD ADMINISTRATION

Section	
1501.101	Definition of Terms
1501.102	Advisory Groups
1501.103	Rule Adoption (Recodified)
1501.104	Manuals
1501.105	Advisory Opinions
1501.106	Executive Director
1501.107	Information Request (Recodified)
1501.108	Organization of ICCB (Recodified)
1501.109	Appearance at ICCB Meetings
1501.110	Appeal Procedure
1501.111	Reporting Requirements (Repealed)
1501.112	Certification of Organization (Repealed)
1501.113	Administration of Detachments and Subsequent Annexations
1501.114	Recognition

## SUBPART B: LOCAL DISTRICT ADMINISTRATION

Section	
1501.201	Reporting Requirements
1501.202	Certification of Organization
1501.203	Delineation of Responsibilities
1501.204	Maintenance of Documents or Information
1501.205	Recognition Standards (Repealed)

## SUBPART C: PROGRAMS

Section	
1501.301	Definition of Terms
1501.302	Units of Instruction, Research, and Public Service
1501.303	Program Requirements
1501.304	Statewide and Regional Planning
1501.305	College, Branch, Campus, and Extension Centers
1501.306	State or Federal Institutions (Repealed)
1501.307	Cooperative Agreements and Contracts
1501.308	Reporting Requirements
1501.309	Course Classification and Applicability

## SUBPART D: STUDENTS

## ILLINOIS COMMUNITY COLLEGE BOARD

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Section 1501.401 Definition of Terms  
 1501.402 Admission of Students  
 1501.403 Student Services  
 1501.404 Academic Records  
 1501.405 Student Evaluation  
 1501.406 Reporting Requirements

## SUBPART E: FINANCE

Section 1501.501 Definition of Terms  
 1501.502 Financial Planning  
 1501.503 Audits  
 1501.504 Budgets  
 1501.505 Nonresident Student Tuition Calculations  
 1501.506 Published Financial Statements

1501.507 Credit Hour Grants  
 1501.508 Special Populations Grants  
 1501.509 Workforce Preparation Grants  
 1501.510 Reporting Requirements  
 1501.511 Chart of Accounts

1501.514 Business Assistance Grants (Repealed)  
 1501.515 Advanced Technology Equipment Grants  
 1501.516 Capital Renewal Grants  
 1501.517 Retirees Health Insurance Grants  
 1501.518 Uncollectible Debts

## SUBPART F: CAPITAL PROJECTS

Section 1501.601 Definition of Terms  
 1501.602 Approval of Capital Projects  
 1501.603 State Funded Capital Projects  
 1501.604 Locally Funded Capital Projects  
 1501.605 Project Changes  
 1501.606 Progress Reports (Repealed)  
 1501.607 Reporting Requirements  
 1501.608 Approval of Projects in Section 3-20.3.01 of the Act  
 1501.609 Completion of Projects Under Section 3-20.3.01 of the Act  
 1501.610 Demolition of Facilities

## SUBPART G: STATE COMMUNITY COLLEGE

Section 1501.701 Definitions of Terms  
 1501.702 Applicability  
 1501.703 Recognition  
 1501.704 Programs

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1501.705 Finance  
 1501.706 Personnel  
 1501.707 Facilities

## SUBPART H: PERSONNEL

Section 1501.801 Definition of Terms  
 1501.802 Sabbatical Leaves

AUTHORITY: Implementing and authorized by Articles II and III and Section 6-5.3 of the Public Community College Act (Ill. Rev. Stat. 1991, ch. 122, pars. 102-1 et seq., pars. 103-1 et seq., and par. 106-5.3) [110 ILCS 805/Art. 2, Art. 3, and 6-5.3]

SOURCE: Adopted at 6 Ill. Reg. 14262, effective November 3, 1982; codified at 7 Ill. Reg. 2332; amended at 7 Ill. Reg. 16118, effective November 22, 1983; Sections 1501.103, 1501.107 and 1501.108 recodified to 2 Ill. Adm. Code 517 at 8 Ill. Reg. 6032; amended at 8 Ill. Reg. 14262, effective July 25, 1984; amended at 8 Ill. Reg. 191983, effective September 28, 1984; emergency amendment at 8 Ill. Reg. 22603, effective November 7, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 24299, effective December 5, 1984, for a maximum of 150 days; amended at 9 Ill. Reg. 3691, effective March 13, 1985; amended at 9 Ill. Reg. 9470, effective June 11, 1985; amended at 10 Ill. Reg. 3612, effective January 31, 1986; amended at 10 Ill. Reg. 14658, effective August 22, 1986; amended at 11 Ill. Reg. 7606, effective April 8, 1987; amended at 11 Ill. Reg. 18150, effective October 27, 1987; amended at 12 Ill. Reg. 6660, effective March 25, 1988; amended at 12 Ill. Reg. 15973, effective September 23, 1988; amended at 12 Ill. Reg. 16699, effective September 23, 1988; amended at 12 Ill. Reg. 19691, effective November 15, 1988; amended at 13 Ill. Reg. 1182, effective January 13, 1989; amended at 13 Ill. Reg. 14904, effective September 12, 1989; emergency amendment at 14 Ill. Reg. 299, effective November 9, 1989, for a maximum of 150 days; emergency amendment expired on April 9, 1990; amended at 14 Ill. Reg. 4126, effective March 1, 1990; amended at 14 Ill. Reg. 10762, effective June 25, 1990; amended at 14 Ill. Reg. 11771, effective July 9, 1990; amended at 14 Ill. Reg. 13997, effective August 20, 1990; amended at 15 Ill. Reg. 10929, effective July 11, 1991; amended at 16 Ill. Reg. 12445, effective July 24, 1992; amended at 16 Ill. Reg. 17621, effective November 6, 1992; amended at 17 Ill. Reg. 1853, effective February 2, 1993; expedited correction at 18 Ill. Reg. 3027, effective August 20, 1990; amended at 18 Ill. Reg. 4635, eff. ~~JUN 01 1994~~ 9, 1994; amended at 18 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART C: PROGRAMS

## Section 1501.301 Definition of Terms

Associate Degree. An "Associate Degree" is an award for satisfactory

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completion of a curriculum of 60 semester credit hours or more.

**Associate in Applied Science Degree.** An "Associate in Applied Science Degree" is an award for the satisfactory completion of a prescribed curriculum intended to prepare individuals for employment in a specific field.

**Associate in Arts Degree.** An "Associate in Arts Degree" is an award for the satisfactory completion of a prescribed curriculum intended to transfer to baccalaureate degree programs in one of the arts, humanities, or social or behavioral sciences or one of the professional fields with these disciplines as a base.

**Associate in Fine Arts Degree.** An "Associate in Fine Arts Degree" is an award for the satisfactory completion of a prescribed curriculum intended to transfer to baccalaureate degree programs in one of the fine arts: art, music, or theater.

**Associate in Engineering Science Degree.** An "Associate in Engineering Science Degree" is an award for the satisfactory completion of a prescribed curriculum intended to transfer to baccalaureate degree programs in engineering.

**Associate in General Studies Degree.** An "Associate in General Studies Degree" is an award for the satisfactory completion of a curriculum that has been individually designed by mutual agreement between the student and his/her college-appointed advisor to meet the student's educational intent.

**Associate in Science Degree.** An "Associate in Science Degree" is an award for the satisfactory completion of a prescribed curriculum intended to transfer to baccalaureate degree programs in one of the mathematical, biological, or physical sciences or one of the professional fields with these disciplines as a base.

**Branch.** A "branch" is an administrative unit of a college that has a continuing educational mission and serves as a primary instructional site for the college.

**Campus.** A "campus" is an organized administrative unit of a college that has a continuing educational mission and serves as a primary instructional site for the college.

**Certificate.** A "certificate" is an award for satisfactory completion of a series of courses or curriculum of 50 semester credit hours or less.

**General certificate.** A "general certificate" is an award for satisfactory completion of a series of courses of 30 semester

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credit hours or less in adult basic education, adult secondary education, remedial education, vocational skills, or general studies.

**Occupational certificate.** An "occupational certificate" is an award for satisfactory completion of a prescribed curriculum intended to prepare an individual for employment in a specific field.

**College.** A "college" is a District's administrative unit that is authorized by the Illinois Board of Higher Education to grant postsecondary-level degrees and certificates, is recognized by the ICCB, and provides a comprehensive program of instruction in accordance with Section 101-2(e) of the Act.

**Course.** A "course" is a sequential presentation, through one or more instructional modes, of subject matter in a particular field to meet specific objectives within a designated time period, such as a semester or a quarter.

**Curriculum.** A "curriculum" is an approved unit of instruction consisting of a series of courses designed to lead to an associate degree or a certificate.

**Adult Basic Education.** An "Adult Basic Education" curriculum consists of basic skills courses designed to bring students to a competency of eighth-grade equivalency, including English as a Second Language instruction to a level of eighth-grade equivalency.

**Adult Secondary Education.** An "Adult Secondary Education" curriculum consists of courses designed to bring students to a competency of twelfth-grade equivalency, including English as a Second Language courses through the twelfth-grade equivalency and General Educational Development (GED) examination preparation.

**District Curriculum.** A "district curriculum" is a curriculum approved for offering within a district, on the basis of student interest, employment demand, and available resources within the district.

**General Studies.** A "General Studies" curriculum consists of courses designed to meet individual student goals, in the promotion of personal improvement and self-understanding.

**Regional Curriculum.** A "regional curriculum" is a curriculum approved for offering within a planning region, on the basis of student interest and employment demand within the region.

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Remedial Education. A "Remedial Education" curriculum consists of courses in computation, communication (i.e., writing and speaking), and reading, designed to improve the competency of high school graduates, or those persons achieving high school equivalency through standardized testing, to the level necessary for placement into communication and mathematics courses required of first-year college students. Remedial courses reiterate basic skills that students were expected to have mastered prior to entry into post-secondary education.

Statewide Curriculum. A "statewide curriculum" is a curriculum approved for offering on the basis of student interest and employment demand statewide.

Educational Agency. An "educational agency" is an agency,

Extension Center. An "extension center" is an instructional site for the college that is used for offering some of the college's courses.

Internship/Practicum. An "internship/practicum" is a course of unblanned and supervised training which allows the application of theory to actual practice and prepares a student for working independently in a specific career. The internship/practicum generally occurs after the student has completed 12 credit hours. It takes place at a regular worksite and instruction/supervision is shared by a college instructor/practitioner and a qualified employee at the worksite. Clinical practicums take place in a hospital or other medical/health facility and require close supervision/instruction/monitoring by a qualified college instructor.

A "laboratory" is a course of planned and supervised training in which students learn new methods or principles through experimentation, observation, and/or practice. A lab class can occur at the beginning, middle, or end of a particular course of study and

principal Site. The principal site is the official mailing address of the college. The principal site is the official mailing address of the college, and/or practice on the college campus or at the worksite.

Public Service. "Public service" consists of noncredit classes and activities of an educational nature, such as workshops, seminars, forums, exhibits, and the provision of college facilities and expertise to the community, designed to be of service to the public.

وَالْمُؤْمِنُونَ إِذْ يَرَوْنَهُمْ يَقُولُونَ إِنَّمَا  
يَرَوْنَنَا لِنَنْهَا عَنِ الْمُنْكَرِ وَمَا يَرَوْنَا

discover or interpret facts, to revise accepted theories, or to apply such revised theories.

Secondary School. A "secondary school" shall be used to mean private or parochial secondary school, public secondary school district, or public unit school district.

Unit of Instruction. A "unit of instruction" is any one of the following:

An organized program of study consisting of a sequence of courses that results in the award to a student of a certificate or an associate degree.

Any existing organized program of study offered at a new geographical location outside of the college district.

of Research or Public Service. A "unit of research or public service" is a college's subdivision such as a division, institute, or center, that administers one (or more) research or public service program.

(Source: Amended at 18 Ill. Reg. 11000 )

**Section 1501.302 Units of Instruction, Research, and Public Service**

a) Approval of New Units of Instruction. Each proposed new unit of instruction shall be submitted to the ICB for approval. The criterion for approval of new units of instruction, which also apply to existing programs offered by community colleges, are:

- 1. Mission and Objectives.

A) The objectives of the unit of instruction are consistent with the mission of the college as set forth in Section 1-2(e) of the Act.

B) The objectives of the unit of instruction are consistent with what the title of the unit of instruction implies.

2) Academic Control.

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A) The design, conduct, and evaluation of the unit of instruction are under the direct and continuous control of the college's established processes for academic planning and quality maintenance, and clear provision is made for ensuring a high level of academic performance of faculty and students.

B) The admission, course placement, and graduation requirements for the unit of instruction are consistent with the stated objectives of the unit of instruction and with Section 103-17 of the Act where applicable.

3) Curriculum. The content of the curriculum ensures that the objectives of the unit of instruction will be achieved.

A) The range of total number of credit hours required for completion of an associate degree curriculum shall be within the following parameters:

- i) For the Associate in Arts degree and the Associate in Science degree, a total requirement of not less than 60 semester credit hours no more than 64 semester credit hours or the quarter credit hour equivalent;
- ii) For the Associate in Fine Arts and the Associate in Engineering Science degree, a total requirement of not less than 60 semester credit hours nor more than 68 semester credit hours or the quarter credit hour equivalent;
- iii) For the Associate in Applied Science degree, a total requirement of not less than 60 credit hours nor more than 72 semester credit hours or the quarter credit hour equivalent, except in such occupational fields in which accreditation or licensure by a state or national organization requires additional coursework; and
- iv) For the Associate in General Studies degree, a total requirement of not less than 60 semester credit hours nor more than 64 semester credit hours or the quarter credit hour equivalent.

B) Each associate degree curriculum shall include a specific general education component consisting of coursework in communication, arts and humanities, social and behavioral sciences, and mathematics and science within the following parameters:

- i) For the Associate in Arts degree and the Associate in Science degree, the general education component required will represent at least ~~60--percent--of--the--total--number--of--38~~ credit hours or the quarter hour equivalent for completion;
- ii) For the Associate in Fine Arts degree and the Associate in Engineering Science degree, the general education component required will represent at least ~~27~~ semester credit hours or the quarter hour equivalent for completion;

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equivalent for completion;

l) For the Associate in Applied Science degree, the general education component required will represent at least 15 semester credit hour or the quarter hour equivalent ~~no--less--than--25--percent--or--more--than--50--percent--of--the--total--number--of--credit--hours--required--for--completion; and~~

iv) For the Associate in General Studies degree, the general education component required will represent no less than ~~30--percent--of--the--total--number--of--credit--hours--required--20~~ semester credit hours or the quarter hour equivalent for completion.

4) Faculty and Staff.

A) The academic preparation and experience of faculty and staff ensure that students receive education consistent with the objectives of the unit of instruction.

B) The involvement of faculty in the unit of instruction is sufficient to cover the various fields of knowledge encompassed by the curriculum, to sustain scholarship appropriate to the unit of instruction, and to ensure curriculum continuity.

C) Support personnel, including counselors, administrators, clinical supervisors, and technical staff, have the educational background and experience necessary to carry out their assigned responsibilities.

5) Support Services.

A) Facilities, equipment, and instructional resources (e.g., laboratory supplies and equipment, instructional materials, computation equipment) necessary to provide quality instruction will be available and maintained.

B) Library holdings and acquisitions necessary to support quality instruction and scholarship are available, accessible, and maintained.

C) Provision is made for the guidance and counseling of students, the evaluation of student performance, the continuous monitoring of progress of students toward their degree or certificate objectives, the placement of completers of the unit of instruction, and appropriate academic record keeping.

6) Financing.

A) The financial commitments to support the unit of instruction are sufficient to ensure that the stated objectives can be attained and that the faculty, staff, and support services necessary to offer the unit of instruction can be acquired and maintained.

B) Projections of revenues necessary to support the unit of instruction are based upon ~~supportac~~ estimates of general revenue, student tuition and fees, private gifts, and/or governmental grants and contracts.

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7) Public Information. The information that the college provides to students and the public accurately describes: the unit of instruction offered; the objectives of the unit of instruction; length of the unit of instruction; residency requirements, if any; schedule of tuition, fees, and all other charges and expenses necessary for completion of the unit of instruction; cancellation and refund policies; and such other material facts concerning the college and the unit of instruction as are likely to affect the decision of the student to enroll.

8) Accreditation and Credentialing.

A) Appropriate steps have been taken to ensure that accreditation of the proposed new unit of instruction will be granted in a reasonable period of time.

B) The proposed new unit will provide the skills required to obtain individual credentialing (certification, licensure, registration) needed for entry into an occupation as specified in the objectives of the proposed new unit of instruction.

9) Program Needs and Priorities.

A) The unit of instruction must be educationally and economically justified based on the educational priorities and needs of the citizens of Illinois and the college's district.

B) The unit of instruction meets a need that is not currently met by units of instruction which are offered by other institutions in the district.

b) Approval of New Administrative Units of Research or Public Service.

An application for approval of each proposed new administrative unit of research or public service shall be submitted to the ICCB on forms provided by the ICCB. The criteria for approval of new administrative units of public service or research are:

- 1) The proposed new administrative unit shall be authorized by the Board of Trustees.
- 2) The objectives of the proposed new administrative unit are consistent with the mission of the college (see Section 1-2(e) of the Act).
- 3) The proposed new administrative unit shall meet a district's need to deliver a public service or research program which cannot be met through the district's current structure as indicated by an organizational chart.
- 4) The proposed new administrative unit shall administer at least one public service or research program.
- 5) The needs assessment demonstrates that the demand for the public service or research program to be administered by the proposed new unit shall be continuous for at least three years.
- 6) The district shall provide evidence that the resources for the facilities, equipment and materials, and staff necessary to provide a quality program or service shall be made available to

the proposed new administrative unit.

c) Withdrawal. An approved unit of instruction, public service, or research may be withdrawn by the college when it decides to suspend operation of the unit. The withdrawal request shall be reported on forms supplied by the ICCB.

d) Reasonable and Moderate Extensions.

- 1) An approved unit of instruction, public service, or research may be modified by the college within the parameters listed in subsection (d)(2) through (4). The college shall notify the ICCB of such extensions on forms provided by the ICCB.
- 2) Reasonable and moderate extensions of previously approved units of instruction include:
  - A) The addition, modification, or withdrawal of courses within an approved unit of instruction which does not alter the objectives of the unit of instruction;
  - B) A change in minimum credit hours for completion of an approved unit of instruction that does not affect the instructional level of the unit of instruction;
  - C) A change in title of an approved unit of instruction that does not indicate a different objective of the unit than that previously approved.
  - D) The creation of an option (major, concentration, or specialization) within an approved unit of instruction in which:
    - i) the option created is within the same general academic discipline or occupational field as the previously approved unit of instruction;
    - ii) the option created within a previously approved associate degree curriculum requires the same first-year sequence of courses as the previously approved unit of instruction, and the option created does not substitute more than twelve (12) semester credit hours of other courses for courses previously approved as part of an associate degree curriculum or substitute more than six (6) semester credit hours of other courses for courses previously approved as part of a certificate curriculum of one year or more.
    - iii) The creation of certificate curricula from previously approved associate degree curricula, providing no new courses are added for certificates of up to thirty (30) semester credit hours or no more than six (6) semester credit hours are substituted in certificates of thirty (30) semester credit hours or more.
  - E) Reasonable and moderate extensions of previously approved units of research or public service include units with an annual operating expenditure from whatever source of less than \$250,000 or an annual operating expenditure from state appropriations of less than \$50,000.

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4) Reasonable and moderate extensions of previously approved units of administration include any administrative reorganization of a college.

e) Approval in a Multi-College District. Approval of new units of instruction, research, or public service in a multi-college district will be for a specific college. Transfer of a unit to, or duplication of a unit by, other colleges within the district constitutes a new unit requiring approval by the ICCB. However, up to nine (9) hours of a program approved at one college may be offered by any other college in the district at the option of the Board.

f) When a college no longer offers an approved unit of instruction to additional new students, that unit of instruction shall be reported to the ICCB and shall be removed from the college catalog and other documents advertising the program offerings to the public.

1) An inactive unit of instruction shall be maintained on the ICCB Curriculum Inventory File with the date that it became inactive for a period of at least ten years. The effective date that a unit of instruction becomes inactive shall be determined by the college.

2) A unit of instruction that has been inactive for less than three years may be reactivated by the college once it has:

A) Obtained approval to reactivate the program from its chief executive administrator.

B) Obtained approval to reactivate the program from agencies that license, certify, or accredit the program if appropriate.

C) Submitted a notification to the ICCB.

3) A unit of instruction that has been inactive for three to ten years may be reactivated by the Executive Director of the ICCB if the college has:

A) Obtained approval to reactivate the program from its chief executive administrator.

B) Obtained approval to reactivate the program from agencies that license, certify, or accredit the program if appropriate.

C) Demonstrated through local surveys or state labor market data that the labor market demand and supply shows a need for graduates of the program.

D) Conducted a review of the program with representatives from business and industry including on-site visits and advice regarding current technologies and equipment.

E) Demonstrated, in accordance with subsections (a)(5) and (a)(6) of this Section and Section 1501.510, that the college has adequate facilities, equipment and financial resource to offer a quality program.

F) Demonstrated, in accordance with Section 1501.303(f), that the college has available qualified faculty to provide the instruction for the program.

G) Submitted a request for the reactivation to the ICCB.

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4) A unit of instruction that has been inactive for over ten years may be reactivated by following the new unit approval process described in subsection (a) of this Section.

g) Discontinuation of Programs. The ICCB may discontinue programs which fail to reflect the education needs of the area being served as follows:

1) Programs that do not meet standards of need, quality, and cost effectiveness may be discontinued by the ICCB. This determination shall be made based on review and collective findings of information available to the ICCB through IBHE program review, evaluation, and productivity processes; the ICCB Management Information System; and other sources of pertinent information on the following criteria:

A) Program need, including educational priorities of the district, accessibility, credit hours generated, enrollments, completions, and labor market supply and demand.

B) Program quality, including job placement or education continuation, program content, academic control, faculty qualifications, and accreditation and credentialing.

C) Program costs, including adequacy of financial support and unit costs.

2) The ICCB will utilize special state-level analyses to identify programs that appear to be of questionable need, cost, or quality based on state data. Programs identified through state-level analysis will be referred to the colleges to enable them to evaluate the programs in detail in their normal process and to obtain the results and comments from the local level.

3) The ICCB will notify college districts of programs being considered for discontinuation and shall grant the district 60 days to respond to concerns regarding the program in question prior to action by the Board. This information shall be taken into account in determining if a program should be discontinued by the ICCB.

4) Once a program is discontinued by the ICCB and the appeal process is concluded, the college must inactivate the program by not enrolling any additional new students and develop a plan for an orderly discontinuation of the program for students currently enrolled. Programs discontinued by the ICCB may be reestablished by obtaining approval as a new unit of instruction under subsection (a) of this Section.

(Source: Amended at 18 Ill. Reg. JUN 01 1994, effective \_\_\_\_\_)

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## DEPARTMENT OF PUBLIC AID

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1) Heading of the Part: Food Stamps2) Code Citation: 89 Ill. Adm. Code 1213) Section Numbers: Adopted Action:121.182  
121.188  
Amendment  
Amendment4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, par. 12-13) [305 ILCS 5/Art. 12-13]5) Effective Date of Amendments: June 3, 19946) Does this rulemaking contain an automatic repeal date? No7) Do these Amendments contain incorporations by reference? No8) Date Filed in Agency's Principal Office: June 3, 19949) Notice of Proposals Published in Illinois Register:

Sections 121.182 and 121.188

December 27, 1993 (17 Ill. Reg. 21991)

Section 121.182

February 14, 1994 (18 Ill. Reg. 2178)

10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No11) Differences between proposal and final version:

Sections 121.182 and 121.188

Several technical changes were made to these amendments. In Section 121.188(b)(5), the word "and" was deleted and placed at the end of Section 121.188(b)(6). In Section 121.188(b)(7), the phrase "to their" was inserted after the word "report".

Section 121.182

No changes were made to the text of the amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

The full text of the Adopted Amendments begins on the next page:

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## NOTICE OF ADOPTED AMENDMENTS

13) Will these Amendments replace Emergency Amendments currently in effect?

Sections 121.182 and 121.188

Yes

14) Are there any Amendments pending on this Part? Yes

Sections 121.182 and 121.188

Illinois Register Citation

Sections	Proposed Action	Illinois Register Citation
121.58	Amendment	March 25, 1994 (18 Ill. Reg. 4575)
121.63	Amendment	April 29, 1994 (18 Ill. Reg. 6251)
121.70	Amendment	April 29, 1994 (18 Ill. Reg. 6251)
121.72	Amendment	April 29, 1994 (18 Ill. Reg. 6251)

15) Summary and Purpose of Amendments:

Sections 121.182 and 121.188

These amendments establish that transportation must be provided in advance for job interviews of Earnfare participants when arranged by their Earnfare employer. Transportation expenses are to be paid to Earnfare participants who are not in the job search component for specific job interviews arranged by their Earnfare employer. In addition, this rule establishes that the Department will provide necessary clothing to enable participants to report to their Earnfare job sites. A maximum clothing allowance of \$100.00 per 12 month period can be provided. This rulemaking is applicable to participating downstate local governmental units under contract with the Illinois Department of Public Aid and Earnfare participants in the City of Chicago.

Section 121.182

The rule increases the maximum amount that an Earnfare participant can earn subsequent to working off the food stamp benefits at minimum wage from \$154.00 to \$231.00 per month.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: Judy Umina  
Address: Bureau of Rules and Regulations  
Illinois Department of Public Aid  
100 South Grand Avenue East, Third Floor  
Springfield, Illinois 62762  
(217) 524-3215

The full text of the Adopted Amendments begins on the next page:

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

**TITLE 89: SOCIAL SERVICES**  
**CHAPTER I: DEPARTMENT OF PUBLIC AID**  
**SUBCHAPTER b: ASSISTANCE PROGRAMS**

**PART 121****FOOD STAMPS****SUBPART A: APPLICATION PROCEDURES**

Section	APPLICATION FOR ASSISTANCE	NON-FINANCIAL FACTORS OF ELIGIBILITY	FINANCIAL FACTORS OF ELIGIBILITY	MISCELLANEOUS PROGRAM PROVISIONS
121.1	Application for Assistance			
121.2	Time Limitations on the Disposition of an Application			
121.3	Approval of an Application and Initial Authorization of Assistance			
121.4	Denial of an Application			
121.5	Client Cooperation			
121.6	Emergency Assistance			
121.7	Expedited Services			
121.10	Interviews			

**SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY**

Section	ENDING A VOLUNTARY QUIT DISQUALIFICATION	CITIZENSHIP	RESIDENCE	SOCIAL SECURITY NUMBERS	WORK REGISTRATION/PARTICIPATION REQUIREMENTS (REPEALED)	INDIVIDUALS EXEMPT FROM WORK REGISTRATION REQUIREMENTS (REPEALED)	FAILURE TO COMPLY (REPEALED)	PERIOD OF DISQUALIFICATION (REPEALED)	VOLUNTARY JOB QUIT	GOOD CAUSE FOR VOLUNTARY JOB QUIT	EXEMPTIONS FROM VOLUNTARY QUIT RULE	SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY	SECTION
121.19	Ending a Voluntary Quit Disqualification												
121.20													
121.21													
121.22													
121.23													
121.24													
121.25													
121.26													
121.27													
121.28													
121.29													

**SUBPART D: ELIGIBILITY STANDARDS**

Section	NET MONTHLY INCOME ELIGIBILITY STANDARDS	GROSS MONTHLY INCOME ELIGIBILITY STANDARDS	INCOME WHICH MUST BE ANNUALIZED	DEDUCTIONS FROM MONTHLY INCOME	Coupon Allotment
121.54	Earned Income In-Kind				
121.55	Sponsors of Aliens				
121.57	Assets				
121.58	Exempt Assets				
121.59	Asset Disregards				

**SUBPART E: HOUSEHOLD CONCEPT**

Section	PERSONS WHO MAY BE INCLUDED IN THE ASSISTANCE UNIT	NONHOUSEHOLD MEMBERS	INELIGIBLE HOUSEHOLD MEMBERS	STRIKERS	STUDENTS	HOUSEHOLDS RECEIVING AFDC, SSI, INTERIM ASSISTANCE AND/OR GA - CATEGORICAL ELIGIBILITY
121.70	Persons Who May Be Included in the Assistance Unit					
121.71	Living Arrangement					
121.72						
121.73						
121.74						
121.75						
121.76						

**SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS**

Section	FRAUD DISQUALIFICATION (RENUMBERED)	INITIATION OF ADMINISTRATIVE FRAUD HEARING (REPEALED)	DEFINITION OF FRAUD (RENUMBERED)	NOTIFICATION TO APPLICANT HOUSEHOLDS (RENUMBERED)	DISQUALIFICATION UPON FINDING OF FRAUD (RENUMBERED)	COURT IMPOSED DISQUALIFICATION (RENUMBERED)	MONTHLY REPORTING AND RETROSPECTIVE BUDGETING	RESTROSPECTIVE BUDGETING	DIRECT MAIL ISSUANCE OF FOOD STAMP COUPONS	REPLACEMENT OF FOOD STAMP COUPONS	RESTORATION OF LOST BENEFITS	USES FOR FOOD COUPONS	SUPPLEMENTAL PAYMENTS	FOOD STAMP SIMPLIFIED APPLICATION DEMONSTRATION PROJECT (REPEALED)	RECERTIFICATION OF ELIGIBILITY	RESIDENTS OF SHELTERS FOR BATTERED WOMEN AND THEIR CHILDREN	INCORPORATION BY REFERENCE	
121.30	Unearned Income																	
121.31	Exempt Unearned Income																	
121.32	Education Benefits																	
121.33	Unearned Income In-Kind																	
121.34	Lump Sum Payments and Income Tax Refunds																	
121.40	Earned Income																	
121.41	Budgeting Earned Income																	
121.50	Exempt Earned Income																	
121.51	Income from Work/Study/Training Programs																	
121.52	Earned Income from Roomer and Boarder																	
121.53	Income From Rental Property																	

121.140	Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers	
		<b>SUBPART G: INTENTIONAL VIOLATIONS OF THE PROGRAM</b>
Section		
121.150	Definition of Intentional Violations of the Program	
121.151	Penalties for Intentional Violations of the Program	
121.152	Notification To Applicant Households	
121.153	Disqualification Upon Finding of Intentional Violation of the Program	
121.154	Court Imposed Disqualification	
		<b>SUBPART H: FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM</b>
Section		
121.160	Persons Required to Participate	
121.162	Participation and Cooperation Requirements	
121.164	Orientation	
121.166	Assessment and Employability Plan	
121.170	Job Search Component	
121.172	Basic Education Component	
121.174	Job Readiness Component	
121.176	Work Experience Component	
121.178	Job Training Component	
121.180	Grant Diversion Component	
121.182	Earnfare Component	
121.184	Sanctions	
121.186	Good Cause for Failure to Cooperate	
121.188	Supportive Services	
121.190	Conciliation and Fair Hearings	
121.200	Types of Claims (Recodified)	
121.201	Establishing a Claim for Intentional Violation of the Program (Recodified)	
121.202	Establishing a Claim for Unintentional Household Errors and Administrative Errors (Recodified)	
121.203	Collecting Claim Against Households (Recodified)	
121.204	Failure to Respond to Initial Demand Letter (Recodified)	
121.205	Methods of Repayment of Food Stamp Claims (Recodified)	
121.206	Determination of Monthly Allotment Reductions (Recodified)	
121.207	Failure to Make Payment in Accordance with Repayment Schedule (Recodified)	
121.208	Suspension and Termination of Claims (Recodified)	
		<b>AUTHORITY:</b> Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 12-4.4 through 12-4.6 and 12-13) [305 ILCS 5/Arts. 12-4 through 12-13]

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

effective May 1, 1986; amended at 10 Ill. Reg. 14692, effective August 29, 1986; peremptory amendment at 10 Ill. Reg. 15714, effective October 1, 1986; Sections 121.200 thru 121.208 recodified to 89 Ill. Adm. Code 165 at 10 Ill. Reg. 21094; peremptory amendment at 11 Ill. Reg. 3761, effective February 11, 1987; emergency amendment at 11 Ill. Reg. 3754, effective February 13, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 9968, effective May 15, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 10269, effective May 22, 1987; amended at 11 Ill. Reg. 10621, effective May 25, 1987; peremptory amendment at 11 Ill. Reg. 11391, effective July 1, 1987; peremptory amendment at 11 Ill. Reg. 11855, effective June 30, 1987; emergency amendment at 11 Ill. Reg. 12043, effective July 6, 1987; amended at 11 Ill. Reg. 13335, effective August 1, 1987; amended at 11 Ill. Reg. 14022, effective August 10, 1987; emergency amendment at 11 Ill. Reg. 15261, effective September 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 15480, effective September 4, 1987; amended at 11 Ill. Reg. 15634, effective September 11, 1987; amended at 11 Ill. Reg. 18218, effective October 30, 1987; peremptory amendment at 11 Ill. Reg. 18374, effective October 30, 1987; amended at 12 Ill. Reg. 877, effective December 30, 1987; emergency amendment at 12 Ill. Reg. 9678, effective December 31, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 4204, effective February 5, 1988; amended at 12 Ill. Reg. 9678, effective May 23, 1988; amended at 12 Ill. Reg. 9922, effective June 1, 1988; amended at 12 Ill. Reg. 11463, effective June 30, 1988; amended at 12 Ill. Reg. 12824, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 14045, effective August 19, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 15704, effective October 1, 1988; peremptory amendment at 12 Ill. Reg. 16271, effective October 1, 1988; amended at 13 Ill. Reg. 3890, effective November 30, 1988; amended at 13 Ill. Reg. 13619, effective August 14, 1989; amended at 13 Ill. Reg. 15859, effective October 1, 1989; amended at 14 Ill. Reg. 729, effective January 1, 1990; amended at 14 Ill. Reg. 6349, effective April 13, 1990; amended at 14 Ill. Reg. 13202, effective August 6, 1990; peremptory amendment at 14 Ill. Reg. 15158, effective October 1, 1990; amended at 14 Ill. Reg. 16983, effective September 30, 1990; amended at 15 Ill. Reg. 11150, effective July 22, 1991; amended at 15 Ill. Reg. 11957, effective August 12, 1991; peremptory amendment at 15 Ill. Reg. 14134, effective October 1, 1991; emergency amendment at 16 Ill. Reg. 757, effective January 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 10011, effective June 15, 1992; amended at 16 Ill. Reg. 13900, effective August 31, 1992; emergency amendment at 16 Ill. Reg. 16221, effective October 1, 1992, for a maximum of 150 days; peremptory amendment at 16 Ill. Reg. 16345, effective October 1, 1992; amended at 16 Ill. Reg. 16624, effective October 23, 1992; amended at 17 Ill. Reg. 644, effective December 31, 1992; amended at 17 Ill. Reg. 4333, effective March 19, 1993; amended at 17 Ill. Reg. 14625, effective August 26, 1993; emergency amendment at 17 Ill. Reg. 15149, effective September 7, 1993, for a maximum of 150 days; peremptory amendment at 17 Ill. Reg. 17477, effective October 1, 1993; expedited correction at 17 Ill. Reg. 21216, effective October 1, 1993; amended at 18 Ill. Reg. 2033, effective January 21, 1994; emergency amendment at 18 Ill. Reg. 2509, effective January 27, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 3427, effective February 28, 1994; amended at 18 Ill. Reg. \_\_\_\_\_, effective June 3, 1994.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART H: FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

Section 121.182 Earnfare Component

a) Assignment to the Earnfare Component is limited to food stamp individuals who are initially otherwise eligible for Transitional Assistance and who are "employable" and volunteer to participate in Earnfare.

b) Eligibility Criteria

1) Eligibility for the Earnfare Component shall be limited to six (6) months out of any twelve-(12) consecutive month period.

2) Individuals are not entitled to be placed in an Earnfare slot. Earnfare slots shall be made available only as resources permit.

3) To the extent resources permit, the Earnfare program will allow individuals to work for monthly payments and to improve their employability in order to succeed in obtaining employment.

c) Administration and Contracts

1) The Illinois Department shall administer the Earnfare program in Chicago.

2) The Illinois Department may enter into cooperative agreements with local governmental units that receive state funds and want to participate in the operation of the Earnfare program outside the city of Chicago. The Department shall establish the policies and procedures for the program and monitor Earnfare programs in local governmental units.

3) The Illinois Department may enter into contracts with other public agencies including State agencies, local governmental units, and not-for-profit community based organizations to help develop Earnfare opportunities and otherwise administer the program.

4) The Illinois Department shall provide Worker's Compensation coverage for each individual assigned to Earnfare.

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

## Section 121.182 (continued)

## d) Notification and Referrals

1) In areas where an Earnfare program is operating, when the Illinois Department or the local governmental unit learns that individuals are in the following categories, it shall inform them in writing and, whenever possible, orally of the existence of Earnfare and the method for requesting an Earnfare referral.

A) Households approved or certified for non-assistance food stamps which do not have net food stamp income in excess of \$154.00 per month;

B) All persons denied or terminated from State Transitional Assistance because they are employable; and

C) All Earnfare participants shall be given a written notice at the time they leave the Earnfare program specifying when they will re-qualify.

2) The Illinois Department and participating downstate units shall make referrals to the Earnfare program as follows:

A) Any person may request a referral.

B) Within thirty (30) days after a request for an Earnfare referral:

i) persons who do not qualify for the Earnfare program shall be given or sent a notice informing them that they do not qualify and will not receive a referral;

ii) persons who request a referral and who qualify for the Earnfare program shall be provided with a written document that acknowledges the request and informs the individual that he/she is qualified.

3) Within thirty (30) days after notice of eligibility, individuals shall be assessed and referred to appropriate Earnfare slots, if slots are available.

e) For the purposes of Earnfare, a "suitable" Earnfare slot must meet the following requirements:

1) there are no questions as to the individual's ability to engage in such employment for medical reasons or because the individual has no way to get to or from the particular job;

## Section 121.182(e) (continued)

2) there are no questions of working conditions, such as risks to health, safety, or lack of worker's compensation protection;

3) the individual may not be required, as a condition of employment, to join, resign from, or refrain from joining any legitimate labor organization;

4) there is no unreasonable degree of risk to the individual's health and safety; and

5) the individual is physically and mentally competent to perform the work.

f) Individuals participating in Earnfare shall not displace or substitute for regular, full-time or part-time employees, regardless of whether the employee is currently working, on a leave of absence, or in a position or similar position where a layoff has taken place or the employer has terminated the employment of any regular employee or otherwise reduced its work force with the effect of filling the vacancy so created with an individual subsidized under this program, or is or has been involved in a labor dispute between a labor organization and the sponsor.

## g) Entry into the Component

1) Individuals shall be referred to suitable Earnfare slots with local governmental units, not-for-profit community based and local organizations, other public agencies, including State agencies, and with private employers.

2) To the extent appropriate slots are available, individuals will be referred to suitable Earnfare activities based on an assessment of the individual's age, literacy, education, educational achievement, job training, work experience, and recent institutionalization, whenever these factors are known and are relevant to the individual's success in carrying out the assigned activities and in ultimately obtaining employment. The Department or the participating local governmental unit shall discuss with the individual available Earnfare assignments, together with any restrictions and qualifications the Earnfare employers have specified for the assignments. The individual's personal preferences for available Earnfare assignments and the individual's employment goals shall be ascertained and considered in making the Earnfare referral.

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## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

## Section 121.182(g) (continued)

- 3) The Department and local governmental units shall maintain up-to-date public listings by area of Earnfare employers and current information regarding openings in those projects. These listings and the information shall be available to the public, in writing or by phone, during regular business hours.
- h) Payments
  - 1) Individuals participating in Earnfare shall engage in work equal to the amount of the food stamp benefits divided by the federal minimum wage and subsequently shall receive payment for each additional hour of performance in Earnfare activity, up to a maximum of \$154.00-\$231.00 per month. An individual is considered to have participated in Earnfare in any month he/she earns a payment. Individuals will be assigned hours of Earnfare based upon their initial food stamp authorization amount. An individual living in a multi-person food stamp household shall be deemed to be receiving a per capita share of the household's food stamp allotment, for purposes of calculating the Earnfare hours. During an individual's Earnfare participation the Department or the local governmental unit shall alter the Earnfare hours each time the individual's monthly food stamp benefit changes by at least \$20.00, effective the same month as the change in the food stamp benefit. Individuals and contractors will be notified by the Department or the local governmental unit of the number of hours of work to be performed by an individual in Earnfare.
  - 2) Individuals remain financially eligible for Earnfare and Earnfare job search activity so long as they receive food stamps.
  - 3) The Department may pay participants directly or may contract for the Earnfare employer to pay the individual. Payments shall be made no less frequently than monthly. Individuals shall be paid only for the hours they have actually worked in excess of the food stamp hours of work obligation.
  - 4) Individuals shall be credited with hours of work that the Earnfare employer certifies them to have completed, according to criteria set forth in the contract with the Illinois Department or the local governmental unit. The Department or the local governmental unit staff shall attempt to resolve disputes between the Earnfare employer and the individual when there is disagreement over the number of hours worked. If the dispute cannot be resolved, the individual may utilize the Illinois Department's appeal process.

## Section 121.182(h) (continued)

- 5) The Illinois Department or the provider shall, in advance, provide individuals participating in Earnfare who need transportation with the cost of transportation in getting to and from the Earnfare site and to Earnfare participants who are not in the job search component for specific job interviews arranged by their Earnfare employer. Individuals obtaining unsubsidized employment while participating in Earnfare may be eligible for initial employment expenses as stated in Section 121.188.
- 6) Participants in the Earnfare job search activity are eligible for employer contact related expenses not to exceed ~~thirty~~-\$20.00 every ~~thirty~~-30 days for a maximum of two months in a ~~twelve~~-12 consecutive month period.
- 7) The Illinois Department will provide necessary clothing to enable participants to report to their Earnfare job site. Participants will be required to submit a written request for clothing needed.
- i) Participation Requirements
  - 1) Individuals may volunteer to participate in Earnfare and participation shall be limited to only six (6) months out of any ~~twelve~~-12 consecutive month period. Individuals participating in Earnfare shall engage in work equal to the amount of the food stamp benefits divided by the federal minimum wage and subsequently shall earn minimum wage assistance for each additional hour of work up to a maximum of \$154.00-\$231.00 per month. Individuals participating in Earnfare first work the number of hours equal to food stamp benefits and subsequently earn financial assistance benefits.
  - 2) Individuals are required to report as scheduled and on time to their Earnfare employer when notified of a referral. When they cannot report to their Earnfare assignment or if they will be late, they are to immediately notify their Earnfare employer.
  - 3) If the individual demonstrates an inability to sustain the work that has been assigned and the Earnfare assignment was appropriate to the individual's abilities, the Illinois Department shall re-assess the individual and if appropriate shall refer the person to apply for Transitional Assistance or Interim Assistance and federal SSI benefits.
  - 4) An individual may be dismissed by the employer from an Earnfare assignment prior to its completion. The Department or local

## Section 121.182(i)(4) (continued)

governmental unit shall return an individual dismissed by an employer to the client pool. An individual dismissed by an employer shall be treated as a new program entrant for the purpose of Earnfare assignments. A dismissal from an Earnfare assignment shall not cause a food stamp sanction.

5) During Earnfare assignment, individuals are required to accept bona fide offers of suitable employment pursuant to Section 121.162(c)(4).

6) During the Earnfare assignment participants are required to apply for suitable jobs for which the provider makes a referral.

7) Earnfare clients may participate in a voluntary job search activity as resources permit. There are no sanctions for failure to comply. Earnfare clients may participate for two (2) months in a twelve-(12) consecutive month period, either concurrently or following the six (6) month eligibility period for Earnfare. Clients are required to make a minimum of twenty (20) employer contacts each month while in the Earnfare job search activity.

(Source: Amended at 18 Ill. Reg. \_\_\_, effective June 3, 1994)

## Section 121.188 Supportive Services

a) Transitional Assistance recipients are eligible to receive supportive service payments in advance, except for orientation, to enable them to participate in the program. Individuals who are otherwise eligible for Transitional Assistance, but do not receive it because they are employable, are eligible to receive transportation payments in advance and initial employment expenses.

b) During the assessment, the supportive services needed by an individual which must be discussed and provided or arranged as needed include at least the following:

- 1) transportation;
- 2) employment-related medical services (for example, TB test);
- 3) vocational rehabilitation;
- 4) initial employment expenses;

## Section 121.188(b) (continued)

5) required books, fees, supplies; and

6) pre-employment and pre-training physical examinations that are needed but not otherwise provided; *i* and

*7)* clothing allowance to enable participants to report to their Earnfare job site.

c) Food Stamp Employment and Training program participation will not be required if supportive services are needed for effective participation but unavailable from the Department or some other reasonably available source.

d) Eligible Services

- 1) Transportation
  - A) If required and necessary, expenses for transportation will be provided to enable individuals to attend Orientation meetings.

B) Transportation expenses are to be paid to permit participation in the Job Search, Basic Education, Job Training, Job Readiness, Work Experience, Grant Diversion and Earnfare components.

C) Transportation payments are made at the most economical rate. If the individual's own automobile is used, the established rate per mile (i.e. 15¢ per mile) will be approved, which includes all vehicle-related expenses.

D) Transportation expenses are to be paid to go to and from work until receipt of first full paycheck.

E) Transportation expenses are to be paid to Earnfare participants who are not in the job search component for specific job interviews arranged by their Earnfare employer.

2) Job Search Expenses
 

- A) Individuals participating in Job Search will receive an amount not to exceed \$20.00 a month to assist in the payment of job search related expenses.
- B) An allowance of \$5.00 a month will be paid to individuals participating in the Work Experience and Job Readiness

## Section 121.188(d)(2)(B) (continued)

components to assist in the payment of job search related expenses.

3) Mandatory Fees. Mandatory fees, including application, registration, activities, laboratory, graduation and testing fees, including the fee for the GED test, are provided to individuals enrolled in approved education or training programs (see Sections 121.170 through 121.182). A maximum payment of \$300.00 per twelve-(12) month period can be provided. No payments are allowed for tuition.

4) Books and Supplies. Payment is allowed for books, supplies and equipment purchased in accordance with the facility's published list of required items for the particular program in which an individual is enrolled. A maximum payment of \$300.00 per twelve-(12) month period can be provided.

5) Physical Examinations. Payment is permitted for individuals to obtain required physical examinations if the costs are not otherwise provided by sources such as the employer or the training program.

6) ~~Earnfare clothing allowance. Necessary clothing is provided to enable participants to report to their Earnfare job site. A maximum clothing allowance of \$100.00 per 12 month period can be provided.~~

## 7) Initial Employment Expenses

A) Payment may be provided for employment expenses incurred when requested within thirty-(30) calendar days from the date employment begins. These expenses are paid based on the individual's work days during a thirty-(30) calendar day period from the date employment begins. The total amount of all Initial Employment Expenses provided shall not exceed \$400 in a twelve-(12) consecutive month period. Payment may be made to individuals employed at least ~~twenty~~ forty hours weekly on a job that is expected to last at least ~~thirty~~-~~forty~~ calendar days, or employed less than ~~forty~~-~~forty~~ hours weekly on a job that is expected to last at least ~~thirty~~-~~forty~~ calendar days and total hours of employment plus component activity equal at least ~~twenty~~ forty hours per week.

B) These expenses include:

## Section 121.188(d)(7)(B) (continued)

i) Special clothing (maximum \$200);  
 ii) Required tools which are not provided by the employer (maximum \$200);  
 iii) Repairs of an automobile (maximum \$300);  
 iv) Auto license plate fees;  
 v) Auto liability insurance at the cheapest rate but not to exceed \$150 or three months coverage, whichever is less costly;  
 vi) Transportation expenses at the most reasonable and economical rate, whichever is less. If the mandatory registrant's own car is used, a gas allowance of \$3.00 daily or a rate of 15¢ per mile, whichever is less, shall be authorized;  
 vii) Child care;  
 viii) Physical examination prior to employment if required and not provided by the employer;  
 ix) Other required items related to a specific job (maximum \$300); and  
 x) Item(s) or service(s) purchased that will assist the individual in meeting Illinois Department of Children and Family Services' child care licensing requirements (maximum \$300.00). Item(s) and service(s) may include but are not limited to the purchase of fire extinguishers, smoke alarms, first aid kits and installation of a telephone.

C) Initial employment expenses will not be authorized to purchase firearms, pay bail bonds or traffic tickets, or pay relocation expenses so an individual can accept employment elsewhere.

D) Also not permitted as an initial employment expense are expenses required for the self-employment of the individual except when expenses will assist the individual in becoming an Illinois Department of Children and Family Services licensed child care provider.

## Section 121.188 (continued)

e) These allowances are exempt from consideration in determining the Transitional Assistance grant amount.

(Source: Amended at 18 Ill. Reg. \_\_\_, effective June 3, 1994)

- 1) Heading of the Part: Rights and Responsibilities
- 2) Code Citation: 89 Ill. Adm. Code 102
- 3) Section Number: Adopted Action:  
102.25  
Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 12-13) [305 ILCS 5/Art. XI and 12-13]
- 5) Effective Date of Amendments: June 3, 1994
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: June 1, 1994
- 9) Notice of Proposal Published in Illinois Register:  
February 18, 1994 (18 Ill. Reg. 2602)
- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No
- 11) Differences between proposal and final version: Based on a recommendation from the Administrative Code Division, the ICLS cite was added to the Authority on the table of contents. In addition, in Section 102.25(e) (2) the phrase "within ten days of the receipt" was changed to "within ten days after the receipt".
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these Amendments replace Emergency Amendments currently in effect? No
- 14) Are there any Amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: These amendments revise current client grievance procedures by adding procedures for investigations and intermediaries and by adding procedures when a grievance is filed against a local office administrator. This rulemaking defines an intermediary as a designated staff person who investigates the grievance and determines the merits of the grievance as well as any disciplinary action that may be indicated. For local office personnel the intermediary is the local office administrator, a management person designated by the local office administrator or the next higher level supervisor if the grievance is filed against the local office administrator. For other agency personnel,

## DEPARTMENT OF PUBLIC AID

## NOTICE OF ADOPTED AMENDMENTS

the intermediary is the Bureau Chief of the employee against whom the grievance has been filed or a management person designated by the Bureau Chief.

As a result of these amendments, a client may file a written grievance in any Department office even if the grievance is against a staff person not working in that office. When the client is in the local office and files a grievance against a local office staff person, the intermediary will handle the grievance. When the client files a grievance against the local office administrator, the local office administrator or designee will accept the grievance and notify the next higher level supervisor. When the client is in the local office and files a grievance against other agency personnel, the worksite manager will accept the grievance and notify the appropriate intermediary. When the client is in any other Department office and files a grievance against a local office staff person or other agency personnel, the worksite manager will accept the grievance and notify the appropriate intermediary within 48 hours.

These amendments provide that when the intermediary determines that the investigation indicates a need for action, the intermediary will register the grievance and send a copy to the employee against whom the grievance was filed. Within ten days of the receipt of the grievance, the intermediary will arrange a conference between the client who filed the grievance, any representative of the client who filed the grievance, the employee against whom the grievance was filed, any representative designated by the employee and the intermediary. Within 15 calendar days after the conference, the intermediary will advise the client who filed the grievance in writing of any action being taken. The client will not be informed of disciplinary action taken against Department staff.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: Judy Umunna  
 Address: Bureau of Rules and Regulations  
 Illinois Department of Public Aid  
 100 South Grand Avenue East, Third Floor  
 Springfield, Illinois 62762  
 Telephone: (217) 524-3215

The full text of the Adopted Amendments begins on the next page:

TITLE 89: SOCIAL SERVICES  
 CHAPTER I: DEPARTMENT OF PUBLIC AID  
 SUBCHAPTER a: GENERAL PROVISIONS

PART 102  
 RIGHTS AND RESPONSIBILITIES

Section	RIGHTS AND RESPONSIBILITIES
102.1	Incorporation By Reference
102.10	Rights of Clients
102.20	Nondiscrimination
102.25	Grievance Rights of Clients
102.30	Confidentiality of Case Information
102.35	Case Records
102.40	Freedom of Choice
102.50	Reporting Change of Circumstances
102.60	Referral Requirements
102.63	Reporting Child Abuse/Neglect
102.66	Suitability of Home
102.70	Notice to Client
102.80	Right to Appeal
102.81	Continuation of Assistance Pending Appeal
102.82	Time Limit for Filing an Appeal
102.83	Examining Department Records
102.84	Child Care
102.90	Voluntary Repayment of Assistance
102.100	Excess Assistance (Recodified)
102.110	Recoupment of Overpayments (Recodified)
102.120	Correction of Underpayments
102.200	Recovery of Assistance
102.210	Estate Claims
102.220	Real Property Liens
102.230	Filing and Renewal of Liens
102.235	Liens on Property of Institutionalized Recipients
102.240	Foreclosure of Liens
102.250	Release of Liens
102.260	Personal Injury Claims
102.270	Convictions of Fraud - Eligibility
102.280	Single Conviction of Fraud - Administrative Review Board

AUTHORITY: Implementing Article XI and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991 23, pars. 11-1 et seq. and 12-13) [305 ILCS 5/Art. XI and 12-13].

SOURCE: Filed and effective December 31, 1977; peremptory rule at 2 Ill. Reg. 52, p. 449, effective December 13, 1978; amended at 2 Ill. Reg. 52, p. 462, December 23, 1978; peremptory amendment at 3 Ill. Reg. 11, p. 39, effective March 1, 1979; amended at 3 Ill. Reg. 41, p. 167, effective October 1, 1979;

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amended at 3 Ill. Reg. 43, p. 196, effective October 15, 1979; amended at 5 Ill. Reg. 8035, effective July 27, 1981; amended at 5 Ill. Reg. 10775, effective October 1, 1981; amended at 6 Ill. Reg. 894, effective January 7, 1982; codified at 7 Ill. Reg. 5706; amended at 7 Ill. Reg. 8350, effective July 1, 1983; amended at 8 Ill. Reg. 18910, effective September 26, 1984; amended at 9 Ill. Reg. 327, effective December 31, 1984; amended at 9 Ill. Reg. 3730, effective March 13, 1985; amended at 9 Ill. Reg. 6812, effective April 26, 1985; amended at 9 Ill. Reg. 7165, effective May 1, 1985; amended at 9 Ill. Reg. 13091, effective August 16, 1985; amended at 9 Ill. Reg. 14704, effective September 13, 1985; amended at 9 Ill. Reg. 15912, effective October 4, 1985; amended at 10 Ill. Reg. 3981, effective February 22, 1986; amended at 10 Ill. Reg. 14195, effective August 29, 1986; amended at 10 Ill. Reg. 19088, effective October 24, 1986; Sections 102.100 and 102.110 recodified to 89 Ill. Adm. Code 165 at 10 Ill. Reg. 21094; amended at 11 Ill. Reg. 14067, effective August 10, 1987; amended at 11 Ill. Reg. 18239, effective October 30, 1987; amended at 12 Ill. Reg. 3735, effective February 5, 1988; amended at 13 Ill. Reg. 3940, effective March 10, 1989; amended at 14 Ill. Reg. 13279, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 20078, effective December 3, 1990, for a maximum of 150 days; amended at 15 Ill. Reg. 7202, effective April 30, 1991; amended at 18 Ill. Reg. 273, effective December 28, 1993; amended at 18 Ill. Reg.       , effective June 3, 1994.

## NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

## Section 102.25 Grievance Rights of Clients

a) When clients feel that they have a-client-feels-he/she-has not been treated with courtesy, consideration or respect by a Department employee, they or their the-client-or-his/her representative may file a written grievance. The client may file a written grievance in any Department office, even if the grievance is against a staff person not working in that office.

b) The Department will investigate any written grievance which is filed within 60 days after the grieved occurrence. A client grievance filed more than 60 days after the grieved occurrence will not be investigated by the Department. The investigation shall be conducted by the legal-officer-administrator-or-his-designee--In investigating the-grievance-the-legal-officer-administrator-or-his designee-will-hold-a-conference-between-the-

- 1) client-and-the-client's-representative-if-their-is-one
- 2) employee-against-whom-the-grievance-was-made-and-the-employee's-designated-representative-and
- 3) management-staff-person

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Section 102.25 (continued)

c) Responsibility for Handling a Grievance

- 1) When the client is in the local office and files a grievance against a local office staff person, the intermediary will handle the grievance.
- 2) When the client is in the local office and files a grievance against the local office administrator, the local office administrator or designee will accept the grievance and notify the next higher level supervisor.
- 3) When the client is in the local office and files a grievance against other agency personnel, the worksite manager will accept the grievance and notify the appropriate intermediary.
- 4) When the client is in any other Department office and files a grievance against a local office staff person or other agency personnel, the worksite manager will accept the grievance and notify the appropriate intermediary within 48 hours.

d) Intermediary

- 1) An intermediary is a designated staff person who investigates and decides the merits of a client grievance. If necessary, the intermediary decides about disciplinary action.
- 2) For local office personnel, the intermediary is:
  - A) The local office administrator;
  - B) A management person designated by the local office administrator; or
  - C) The next higher level supervisor if the grievance is filed against the local office administrator.
- 3) For other agency personnel, the intermediary is:
  - A) The Bureau Chief of the employee against whom the grievance has been filed; or
  - B) A management person designated by the Bureau Chief.

e) Investigation and Conference

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## Section 102.25(e) (continued)

1) The intermediary will investigate the grievance. If necessary, the intermediary will determine the merits of the grievance and any disciplinary action that may be indicated.

2) When the intermediary determines that the investigation indicates a need for action, the intermediary will register the grievance and send a copy to the employee against whom the grievance was filed. Within ten days after the receipt of the grievance, the intermediary will arrange a conference between:

A) The client who filed the grievance;

B) The representative of the client who filed the grievance, if any;

C) The employee against whom the grievance was filed;

D) A representative designated by the employee, if any; and

E) The intermediary.

3) Within 15 calendar days after the conference, the intermediary will advise the client who filed the grievance in writing of any action being taken. The client will not be informed of disciplinary action taken against Department staff.

~~E) The Department will take corrective action corrective-action-will-be-taken-by-the-Department when just cause is shown in accordance with the Agreements between the State of Illinois and the American Federation of State, County and Municipal Employees or Personnel Rules of the Department of Central Management Services (80 Ill. Adm. Code 302: Subpart K), whichever is applicable appropriate.~~

~~A-client-grievance-filed-more-than-60-days-from-the-grievance-occurred-will-not-be-investigated-by-the-Department~~

(Source: Amended at 18 Ill. Reg. \_\_\_, effective June 3, 1994)

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## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Audits, Reviews, and Investigations

2) Code Citation: 89 Ill. Adm. Code 434

3) Section Number: Emergency Action.

4) Statutory Authority: Implementing and authorized by Section 4 of the Children and Family Services Act (Ill. Rev. Stat. 1991, ch. 23, par. 5004) (20 ILCS 505/4) and the Internal Auditing Act (Ill. Rev. Stat. 1991, ch. 15, pars. 1000 et seq.) (30 ILCS 10/1001)

5) Effective Date of Amendments: June 3, 1994

6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they expire: Not applicable

7) Date filed in Agency's Principal Office: June 3, 1994

8) Reason for Emergency: Subsection 434.7(h) was adopted effective May 1, 1994. There was miscommunication among staff regarding the desired effective date for the clause on recapture of excess revenues. These emergency amendments enter the correct effective date.

9) A Complete Description of the Subjects and Issues Involved: The Department adopted amendments to Section 434.7, Certified Audits, Cost Reports, and Desk Reviews, effective May 1, 1994, which specified a retroactive effective date for the recapture of excess revenues. This date was in error and is being corrected by these emergency amendments.

10) Are there any proposed amendments to this Part pending? Yes.

11) Statement of Statewide Policy Objectives: These rules do not create or expand a state mandate as defined in Section 3(b) of the State Mandates Act (Ill. Rev. Stat. 1991, ch. 85, par. 2203) (30 ILCS 805/31).

12) Information and questions regarding these amendments shall be directed to:

Jacqueline Nottingham, Chief  
Office of Rules and Procedures  
Department of Children and Family Services  
406 East Monroe Street, Station # 222  
Springfield, Illinois 62701-1498

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Phone: (217) 524-1983  
 TTY: (217) 524-3715

The full text of the emergency amendments begins on the next page:

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF EMERGENCY RULES

Phone: (217) 524-1983  
 TTY: (217) 524-3715  
**TITLE 89: SOCIAL SERVICES**  
**CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**SUBCHAPTER f: GENERAL ADMINISTRATION**

**PART 434**  
**AUDITS, REVIEWS, AND INVESTIGATIONS**

Section	
434.1	Purpose
434.2	Definitions
434.3	Audit Standards to be Applied and Audit Procedures to be Followed for Internal Auditing
434.4	Scope of the Internal Audit/Review or Investigation
434.5	Reports of Internal Auditors
434.6	Exit Conferences
434.7	Certified Audits, Cost Reports and Desk Reviews
<b>EMERGENCY</b>	
434.8	Records Maintenance and Availability for Audit
434.9	Responsibilities of the Office of Internal Audits
434.10	Administrative Hearings of Draft Audit Findings and Recommendations
434.11	Referrals by Department Employees to the Investigations Unit
434.12	Severability of This Part

**AUTHORITY:** Implementing and authorized by Section 4 of the Children and Family Services Act Ill. Rev. Stat. 1991, ch. 23, par. 5004) [20 ILCS 505/4] and Internal Auditing Act (Ill. Rev. Stat. 1991, ch. 15, pars. 1000 et seq) [30 ILCS 10/1001].

**SOURCE:** Adopted and codified at 5 Ill. Reg. 8634, effective September 1, 1981; amended at 7 Ill. Reg. 16207, effective December 30, 1983; amended at 18 Ill. Reg. 6697, effective May 1, 1994; emergency amendments at 18 Ill. Reg. \_\_\_\_\_, effective June 3, 1994 \_\_\_\_\_ for a maximum of 150 days.

**Section 434.7 Certified Audits, Cost Reports and Desk Reviews**  
**EMERGENCY**

- a) The Department's requirements for providers include the annual filing of a cost report (for all providers in accordance with 89 Ill. Adm. Code 357) and a certified audit of entities who receive annual payments in excess of \$50,000 in any one contract year. The certified audit for all entities must be completed and submitted within 180 calendar days after the completion of their fiscal year as required by Section 357.11 (f) of Part 357, Purchase of Service (89 Ill. Adm. Code 357). Day care providers must complete audits in accordance with

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## NOTICE OF EMERGENCY RULES

the Department's Guide for Audits of Day Care Provider Organizations. All Governmental and not-for-profit organizations must complete audits in accordance with OMB Circulars A-128 or A-133, whichever is applicable.

b) The certified audit and related cost reports are to be reviewed by the Internal Auditors and, when appropriate, a report on the certified audit or cost reports will be issued to Department officials who are responsible for the contract(s). The general objectives of the desk review and report shall determine whether:

- 1) financial and service unit information is appropriately presented and is consistent with the generally accepted accounting principles;
- 2) costs incurred in operating the contracted services are not less than the revenues received directly for the program;
- 3) related party transactions are appropriately recorded and disclosed;
- 4) significant accounting practices and other information which require disclosure (as described by generally accepted accounting principles) are disclosed appropriately; and
- 5) funds were used in accordance with Department policy and whether the agency has received monies in excess of actual reimbursable costs.

c) The Office of Internal Audits is responsible for answering all questions regarding the preparation of a certified audit. If the Department has not received the certified audit by the deadline of 180 calendar days after the completion of the entity's fiscal year, the Office of Internal Audits will notify the entity of the delinquency and send a copy of the notice to Department regional administrative staff.

d) All certified audits are logged in upon receipt by the Office of Internal Audits and an audit digest (summary of findings) is prepared for each audit received. If the audit does not contain adequate information, the Office of Internal Audits will send a letter to the provider to request additional information. If the certified audit does not meet the standards set out in subsection (a), the entity will be given 30 business days to submit a new certified audit.

e) The Office of Internal Audits will prepare a desk review report which will highlight any deficiencies that are found in the audit and will contain specific recommendations for procedural changes in the preparation of certified audits. The completed desk review report will sent directly to the entity, with a copy to appropriate Department regional staff.

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Department regional staff are responsible for reviewing the recommendations contained in the desk review report and providing assistance as necessary to the entity in follow-up on the recommendations made. The desk review report may contain recommendations for contract or budget revisions which must be acted upon by the regional staff.

- f) The desk review report may contain recommendations which require an additional response from the entity before the audit is accepted. The entity's response and concurrence with the recommendations of the desk review report will close the desk review process.
- g) When the rates for group homes, institutions, day care, independent living, homemakers, Medicaid and unmarried mothers services are set by audited costs, the entity is exempt from recapture of any excess revenues associated with these services. The total amount of excess revenues identified during FY 1981-FY 1993-~~FY 1994~~ must be recorded as a liability on the entity's financial statements and may be retained by the entity until the specified program type is no longer in effect. If, beginning with State fiscal year ~~1994~~ 1995 and in any subsequent years, payments from the Department exceed expenses attributable for a specified program type, any excess revenues which are identified will be recaptured during the following fiscal year contract period.
- h) Waiver of the Certified audit requirement must be requested in writing and directed to the Department's Chief Auditor. The request should state the reason for the waiver request. A request for an extension of the deadline for submittal of the audit beyond the time specified in the contract must also be submitted in writing to the Chief Auditor. The Department's Chief Auditor will respond to requests for waivers or extensions within thirty business days, specifying approval or rejection of the waiver.

(Source: Emergency amendments at 18 Ill. Reg. \_\_\_\_\_, effective June 3, 1994 for a maximum of 150 days)

## TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

## NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: The Administration and Operation of the Teachers' Retirement System

2) Code Citation: 80 Ill. Adm. Code 1650

3) Section Numbers:

Emergency Action:

1650.181

Amendment

4) Statutory Authority: Implementing and authorized by Sections 16-106, 16-118, 16-121, 16-125, 16-133, 16-136, 16-149, 16-149.1, 16-149.2, 16-150, 16-153.2, 16-155, 16-168 and 16-192 of the Illinois Pension Code [40 ILCS 5/16-106, 16-118, 16-121, 16-125, 16-133, 16-136, 16-149, 16-149.1, 16-149.2, 16-150, 16-153.2, 16-155, 16-168 and 16-192].

5) Effective Date of Amendment: MAY 24 1994

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A

7) Date Filed in Agency's Principal Office: May 17, 1994

8) Reason for Emergency:

Under Section 16-133.4 and 16-133.5 of the Illinois Pension Code, employers of employees reportable to the Teachers' Retirement System, are required to make contributions for employees that retire under an early retirement incentive (40 ILCS 5/16-133.4 and 16-133.5). If the employer elects to pay the required employer's early retirement contribution in installments, as provided by the statute, the payments must be made in equal quarterly installments over a period not to exceed 5 years from the date of retirement. At the time 80 Illinois Administrative Code Ch. III, Sec. 1650.181 was promulgated, the Teachers' Retirement System was unable to assess these contributions quarterly within the 5 year time frame. New computer programming has made it possible for the System to bill these payments as required by the statute and the emergency rule is necessary to allow implementation within the statutory time frames. By receiving the required contributions on October 15, instead of January 15, the System will realize interest on those payments in excess of \$7.2 million. The Teachers' Retirement System finds that the delayed receipt of this revenue would constitute a threat to the public

## TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

## NOTICE OF EMERGENCY AMENDMENTS

1) interest and the welfare of the members of the Teachers' Retirement System, as well as the System's continuation, as the System is seriously underfunded in excess of \$7 billion.

2) A Complete Description of the Subjects and Issues Involved:

3) 1650.181 This amendment changes the dates required employer contributions are due from January 15, 1995 and 1996 to October 15, 1994 and 1995, as required by 40 ILCS 5/16-133.4 and 16-133.5.

4) Are there any proposed amendments to this Part pending? No

5) Statement of Statewide Policy Objectives: Not Applicable

6) Information and questions regarding this amendment shall be directed to:

Wilma VanScoyoc, General Counsel  
Teachers' Retirement System  
2815 West Washington, P.O. Box 19253  
Springfield, Illinois 62794-9253

The full text of the emergency amendment begins on the next page.

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS  
NOTICE OF EMERGENCY AMENDMENTS

**TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES**  
**SUBTITLE D: RETIREMENT SYSTEMS**  
**CHAPTER III: TEACHERS' RETIREMENT SYSTEM OF**  
**THE STATE OF ILLINOIS**

**PART 1650**  
**THE ADMINISTRATION AND OPERATION OF THE**  
**TEACHERS' RETIREMENT SYSTEM**

**SUBPART A: REPORTS BY BOARD OF TRUSTEES**

Section	Subpart	Section	Section
1650.10		Annual Financial Report (Repealed)	

**SUBPART B: BASIC RECORDS AND ACCOUNTS**

Section	Section	Section	Section	Section
1650.110	Membership Records			
1650.120	Claims Records (Repealed)			
1650.130	Individual Accounts (Repealed)			
1650.140	Ledger and Accounts Books (Repealed)			
1650.150	Statistics (Repealed)			
1650.160	Confidentiality of Records			
1650.180	Filing and Payment Requirements			
1650.181	Early Retirement Incentive Payment Requirements			
1650.182	Waiver of Additional Amounts Due			

**SUBPART C: FILING OF CLAIMS**

Section	Section	Section	Section
1650.210	Claim Applications		
1650.220	Reclassification of Disability Claim (Repealed)		
1650.230	Medical Examinations and Investigations of Claims		
1650.240	Refunds; Impermissible Refunds; Canceled Service; Repayment		
1650.250	Death Benefits		
1650.260	Evidence of Age		
1650.270	Evidence of Dependency		

ILLINOIS REGISTER

8952  
TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF EMERGENCY AMENDMENTS

**TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES**  
**SUBTITLE D: RETIREMENT SYSTEMS**  
**CHAPTER III: TEACHERS' RETIREMENT SYSTEM OF**  
**THE STATE OF ILLINOIS**

**SUBPART D: MEMBERSHIP AND SERVICE CREDITS**

Section	Section	Section	Section	Section
1650.271	Evidence of Parentage			
1650.280	Evidence of Marriage			
1650.290	Offsets			

**SUBPART E: CONTRIBUTION CREDITS AND PAYMENTS**

Section	Section	Section	Section	Section
1650.310	Effective Date of Membership			
1650.320	Method of Calculating Service Credits			
1650.325	Method of Calculating Service Credit for Recipients of a Disability Benefits or Occupational Disability Benefit			
1650.330	Duplicate Service Credit			
1650.340	Service Credit for Leave of Absence, Sabbatical Leaves, or Involuntary Layoffs			
1650.350	Service Credit for Unused Accumulated Sick Leave Upon Retirement			
1650.360	Service and Earnings Credit Obtained Pursuant to Labor Contract Litigation			
1650.370	Calculation of Average Salary (Renumbered)			

**SUBPART F: RULES GOVERNING ANNUITANTS AND BENEFICIARIES**

Section	Section	Section	Section
1650.505	Beneficiary (Repealed)		
1650.510	Re-entry Into Service		
1650.520	Suspension of Benefits		
1650.530	Power of Attorney		
1650.540	Conservators/Guardians		
1650.550	Presumption of Death		
1650.560	Benefits Payable on Death		
1650.570	Survivors' Benefits		

## TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

## NOTICE OF EMERGENCY AMENDMENTS

1650.580 Evidence of Eligibility

## SUBPART G: ATTORNEY GENERALS' OPINION

Section 1650.605 Policy of the Board Concerning Attorney Generals' Opinion (Repealed)

## SUBPART H: ADMINISTRATIVE REVIEW

Section 1650.610 Staff Responsibility  
 1650.620 Right of Appeal  
 1650.630 Form of Written Request  
 1650.640 Prehearing Procedure  
 1650.650 Hearing Procedure  
 1650.660 Rules of Evidence  
 1650.710 Amendments

## SUBPART I: RULES OF ORDER

Section 1650.810 Parliamentary Procedure

**AUTHORITY:** Implementing and authorized by Sections 16-106, 16-118, 16-121, 16-125, 16-133, 16-136, 16-149, 16-149.1, 16-149.2, 16-150, 16-153.2, 16-155, 16-168 and 16-192 of the Illinois Pension Code [40 ILCS 5/16-106, 16-118, 16-121, 16-125, 16-133, 16-136, 16-149, 16-149.1, 16-149.2, 16-150, 16-153.2, 16-155, 16-168 and 16-192].

**SOURCE:** Filed June 20, 1958; emergency rules adopted at 2 Ill. Reg. 49, p. 249, effective November 29, 1978, for a maximum of 150 days, adopted at 3 Ill. Reg. 9, p. 1, effective March 3, 1979; codified at 8 Ill. Reg. 163.50; amended at 9 Ill. Reg. 20885, effective December 17, 1985; amended at 12 Ill. Reg. 16896, effective October 3, 1988, amended at 14 Ill. Reg. 18305, effective October 29, 1990; amended at 15 Ill. Reg. 16731, effective November 5, 1991; amended at 17 Ill. Reg. 1631, effective January 22, 1993; amended at 18 Ill. Reg. 6349, effective April 15, 1994; emergency amendment at 18 Ill. Reg. \_\_\_\_\_, effective MAY 24 1994 for a maximum of 150 days.

## TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

## NOTICE OF EMERGENCY AMENDMENTS

## SUBPART B: BASIC RECORDS AND ACCOUNTS

Section 1650.181 Early Retirement Incentive Payment Requirements  
EMERGENCY

- a) All employers who elect to pay the required employer's early retirement contribution in installments within a period of 5 years as provided for in Section 16-133.4 or Section 16-133.5 of the Act are required to forward such employer contributions to the System on a quarterly basis for five years. For regular retirements under Section 16-133.4, the first quarterly payment is due on January 15, 1994 and on the 15th of the month quarterly thereafter. For regular retirements under Section 16-133.5 and delayed retirements under Section 16-133.4, the first quarterly payment is due on January 15, 1995 October 15, 1994 and on the 15th of the month quarterly thereafter. For delayed retirements under Section 16-133.5, the first quarterly payment is due on January 15, 1996 October 15, 1995 and on the 15th of the month quarterly thereafter. Failure to forward employer contributions as required shall result in the assessment of additional amounts due.
- b) If the employer fails to forward such required employer contributions within the time permitted by the payment schedule, the System shall assess and notify the employer of an additional amount due, equal to a quarterly rate of 1.43% of the amount remaining unpaid by the employer on the date due.
- c) Employers paying through a quarterly payment plan shall be assessed an additional quarterly rate of 1.43% on the employer's remaining unpaid quarterly balance in every succeeding payment period the employer fails to pay any past due amounts.
- d) Employers paying through a tailored payment plan shall be assessed an additional quarterly rate of 1.43% for each succeeding quarter in which the employer fails to pay any past due amounts. Quarters shall be determined based on the date due.
- e) For purposes of administering the additional amounts due, based upon the employer's failure to make the employer's early retirement contribution under Section 16-133.4 or Section 16-133.5, the contribution must be received by the date due, as established by the System. Contributions shall be credited to the employer on the date of receipt by the System.

(Source: Emergency amendment at 18 Ill. Reg. \_\_\_\_\_, effective MAY 24 1994 for a maximum of 150 days.)

## STATE BOARD OF EDUCATION

## REQUEST FOR EXPEDITED CORRECTION

1) Heading of the Part: Sprinkler Systems

2) Code Citation: 23 Ill. Adm. Code 170

3) Section Numbers: 170.30

4) Date Proposal Published in Illinois Register:October 22, 1993      17 Ill. 18419  
Issue Date5) Date Adoption Published in Illinois Register:March 25, 1994      18 Ill. Reg. 4699  
Issue Date

6) Summary and Purpose of Expedited Correction:

The correction is needed to rectify a discrepancy between the adopted rule and the agreement certified by the Joint Committee, so that the rules will comply with Section 5-75 of the Illinois Administrative Procedure Act.

7) Information and questions regarding this request shall be directed to:

Name: Sally Vogl  
Agency Rules Coordinator  
Illinois State Board of Education  
Address: 100 North First Street  
Springfield, Illinois 62777  
(217) 782-0541  
Telephone:

7) Information and questions regarding this request shall be directed to:

Name: Valeric Puccini, Staff Attorney  
Address: Department of Nuclear Safety  
1035 Outer Park Drive  
Springfield, Illinois 62704  
Telephone: (217) 785-9881 (Voice)  
(217) 782-6133 (TDD)

1) Heading of the Part: Radiation Safety Requirements for Industrial Radiographic Operations

2) Code Citation: 32 Ill. Adm. Code 350

3) Section Numbers: 350.2030

4) Date Proposal published in Illinois Register:

August 27, 1993  
Issue Date

5) Date Adoption published in the Illinois Register:

May 13, 1994  
Issue Date

6) Summary and Purpose of Expedited Correction: A word processing error resulted in the word "present" appearing as "present" in the adopted text of the rule. Section 5-85 of the Illinois Administrative Procedure Act authorizes the use of the expedited correction process to correct typographical errors. This correction will be deemed effective May 2, 1994, the effective date of the rulemaking being corrected.

7) Information and questions regarding this request shall be directed to:

Name: Valeric Puccini  
Address: Department of Nuclear Safety  
1035 Outer Park Drive  
Springfield, Illinois 62704  
Telephone: (217) 785-9881 (Voice)  
(217) 782-6133 (TDD)

## DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

## NOTICE OF REGULATORY FLEXIBILITY IMPACT ANALYSIS

## RULES PROMULGATED BY STATE AGENCIES THAT MAY IMPACT SMALL BUSINESS

Name of Agency: Comptroller, Office of theHeading of the Part: Illinois Funeral or Burial Bond ActCode Citation: 38 111. Adm. Code 610

<u>Sections Involved:</u>	610.10	610.50	610.90
	610.20	610.60	610. Exhibit A
	610.30	610.70	610. Exhibit B
	610.40	610.80	610. Exhibit C
			610. Exhibit D

Notice of Proposal Published in Illinois Register: May 13, 1994Statutory Authority: Illinois Funeral or Burial Funds Act [225 ILCS 45/1 et seq.]

Information concerning this Regulatory Flexibility Impact Analysis shall be directed to:

Name: Linda D. Brand  
 Address: Department of Commerce and Community Affairs  
 620 E. Adams, Springfield, IL 62701  
 Telephone: (217) 785-6354

Notice of Proposal Published in Illinois Register: June 3, 1994Statutory Authority: Sections 3805/7.19 and 3805/7.23 of the Illinois Housing Development Act [20 ILCS 3805/7.19 and 3805/7.23].

Information concerning this Regulatory Flexibility Impact Analysis shall be directed to:

Name: Linda D. Brand  
 Address: Department of Commerce and Community Affairs  
 620 E. Adams, Springfield, IL 62701  
 Telephone: (217) 785-6354

Other pertinent information regarding these rules: After initial scrutiny, the Department of Commerce and Community Affairs has determined that the above proposed rule may impact small businesses. Publication of this notice serves to both provide the general public with information regarding specifics of the proposed rule, on request as well as elicit comments from interested parties. All comments will be considered as the analysis is formulated.

Other pertinent information regarding these rules: After initial scrutiny, the Department of Commerce and Community Affairs has determined that the above proposed rule may impact small businesses. Publication of this notice serves to both provide the general public with information regarding specifics of the proposed rule, on request, as well as elicit comments from interested parties. All comments will be considered as the analysis is formulated.

## DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

## NOTICE OF REGULATORY FLEXIBILITY IMPACT ANALYSIS

## RULES PROMULGATED BY STATE AGENCIES THAT MAY IMPACT SMALL BUSINESS

Name Of Agency: Department of Professional RegulationHeading of the Part: Professional Counselor and Clinical Professional Counselor Licensing Act

The following second notices were received by the Joint Committee on Administrative Rules during the period of May 31, 1994 through June 6, 1994, and have been scheduled for review by the Committee at its June 14, 1994 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Office Bldg., Springfield IL 62706.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

## ILLINOIS REGISTER

<u>Code Citation:</u>	<u>68 Ill. Adm. Code 1375</u>	<u>Start Notice</u>	<u>End Notice</u>	<u>Agency and Rule</u>	<u>Start of First Meeting</u>
<u>Sections Involved:</u>	1375.10 1375.40 1375.70 1375.110 1375.135 1375.160 1375.210 1375.20 1375.50 1375.80 1375.120 1375.140 1375.170 1375.230 1375.30 1375.60 1375.100 1375.130 1375.150 1375.200	7/15/94		Department of Professional Regulation, Certified Veterinary Technicians (68 Ill. Adm. Code 1505)	4/15/94 18 Ill. Rcg 5737
<u>Notice of Proposal Published in Illinois Register:</u>	May 27, 1994	7/15/94		Department of Professional Regulation, Veterinary Medicine and Surgery Practice Act (68 Ill. Adm. Code 1500)	4/15/94 18 Ill. Rcg 5758
<u>Statutory Authority:</u>	Section 25 of the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107/25].	7/17/94		Pollution Control Board, Requirements for New Steel and Foundry Industry Wastes Landfills (35 Ill. Adm. Code 817)	10/15/93 17 Ill. Rcg 17659
<u>Information concerning this Regulatory Flexibility Impact Analysis shall be directed to:</u>		7/17/94		Pollution Control Board, Standards for Existing Landfills and Units (35 Ill. Adm. Code 814)	10/15/93 17 Ill. Rcg 17721
<u>Name:</u>	Linda D. Brand				
<u>Address:</u>	Department of Commerce and Community Affairs 620 E. Adams, Springfield, IL 62701				
<u>Telephone:</u>	(217) 785-6354				
<u>Other pertinent information regarding these rules:</u>	Public hearings will be held as follows: Wednesday, June 22, 1994, 10 A.M.; Department of Professional Regulation; James R. Thompson Center, 9th Floor, Room 9-301; 100 West Randolph; Chicago, Illinois 62959. Friday, June 24, 1994, 10 A.M.; Illinois Department of Professional Regulation; 320 West Washington, 5th Floor Conference Room; Springfield, Illinois 62786.	7/17/94		Pollution Control Board, Information to be Submitted in a Permit Application (35 Ill. Adm. Code 812)	10/15/93 17 Ill. Rcg 17654
<u>After initial scrutiny, the Department of Commerce and Community Affairs has determined that the above proposed rule may impact small businesses. Publication of this notice serves to both provide the general public with information regarding specifics of the proposed rule, on request as well, as elicit comments from interested parties. All comments will be considered as the analysis is formulated.</u>		7/17/94		Pollution Control Board, Standards for New Solid Waste Landfills (35 Ill. Adm. Code 811)	10/15/93 17 Ill. Rcg 17730
		7/17/94		Pollution Control Board, Solid Waste Disposal: General Provisions (35 Ill. Adm. Code 810)	6/14/94 17 Ill. Rcg 17709

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED  
(Page 2)

7/17/94	<u>Pollution Control Board</u> , Solid Waste (35 Ill Adm Code 807)	10/15/93 17 Ill Reg 17703	6/14/94
7/17/94	<u>Pollution Control Board</u> , Procedural Requirements for All Landfills Exempt from Permits (35 Ill Adm Code 815)	10/15/93 17 Ill Reg 17649	6/14/94

## PROCLAMATION

94-283

## BENGALI WEEK

Whereas, the Bengalee Community in North America will hold their 14th North American Bengali Conference in Chicago at the Hyatt Regency O'Hare on July 1, 1994; and

Whereas, Bengali, heralded as the fifth largest speaking language in the world, continues to faithfully reflect a bounty of time-honored cultural traditions; and

Whereas, about 5,000 residents of Bengalee, including renowned poet Ravindra Nath Tagore and world-famous monk Swami Vivekananda, reside in the State of Illinois; and

Whereas, 3,000 delegates from throughout the nation are expected to join local members for this event; and

Whereas, the Bengalee community in Illinois includes many outstanding citizens who have contributed to the progress of the state, including the late Dr. Fazlur Rahaman Khan who designed the John Hancock Center and the Sears Tower;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 27-July 3, 1994, as BENGALI WEEK in Illinois and urge the citizens of the state to recognize this event and participate fittingly in its observance.

Issued by the Governor May 25, 1994.  
Filed with the Secretary of State June 3, 1994.

94-284

## FRATERNAL WEEK

Whereas, fraternal groups at the national, state, and local levels volunteer their time and resources to strengthen America; and

Whereas, there are more than 10 million members of the 98 fraternal benefit societies of the National Fraternal Congress of America. These individuals perform educational, religious, patriotic, and benevolent activities to benefit individuals and institutions in their local communities; and

Whereas, they assist the needy, widows and orphans, the aged, and the disabled; and

Whereas, in 1993, they provided more than \$5.2 million in assistance to the victims of the flooding in the Midwest; and

Whereas, the fraternal benefit societies have long proclaimed their patriotism and celebrate Fraternal Week through special observance of Flag Day, June 14, and are a part of the National Fraternal Flag Day Foundation;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 8-14, 1994, as FRATERNAL WEEK in Illinois.

Issued by the Governor May 26, 1994.  
Filed with the Secretary of State June 3, 1994.

**94-285  
JEWISH FOLK ARTS FESTIVAL DAY**

Whereas, the Jewish Community of the State of Illinois has always been an active participant in the cultural development of our state; and  
Whereas, Jewish culture as expressed in art, song, dance, and food is part of the ethnic fabric of our state; and  
Whereas, the State of Illinois has always encouraged cultural expression as a vehicle to promote understanding and mutual respect among its citizens; and  
Whereas, the Greater Chicago Jewish Folk Arts Festival was first held in 1980 to express the heart and soul of Jewish culture and share it with its neighbors; and  
Whereas, the Eighth Greater Chicago Jewish Folk Arts Festival, founded by Michael M. Lorge, will be held on June 12, 1994, from 11 a.m. to 6 p.m.;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 12, 1994, as JEWISH FOLK ARTS FESTIVAL DAY in Illinois.  
Issued by the Governor May 26, 1994.  
Filed with the Secretary of State June 3, 1994.

**94-286  
OTIS WILSON CELEBRITY GOLF CLASSIC DAY**

Whereas, the Third Annual Otis Wilson Celebrity Golf Classic benefits the Special Olympics; and  
Whereas, Special Olympics is a non-profit sports and camp program for mentally retarded children and adults; and  
Whereas, more than one million children and adults participate in Special Olympics programs in 20,000 U.S. communities and more than 70 counties; and  
Whereas, these athletes are quiet heroes who have triumphed over their handicaps to achieve their goals; and  
Whereas, in support of these athletes, Lake Barrington Shores Country Club will host the Otis Wilson Celebrity golf tournament. Teams of four with a celebrity captain will join Otis Wilson at this event;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 13, 1994, as OTIS WILSON CELEBRITY GOLF CLASSIC DAY in Illinois.  
Issued by the Governor May 26, 1994.  
Filed with the Secretary of State June 3, 1994.

Issued by the Governor May 26, 1994.  
Filed with the Secretary of State June 3, 1994.

**94-287  
DR. WILLIAM ATTEA DAY**

Whereas, for the past 27 years Dr. William Attea has served Illinois' educational system in positions ranging from teacher and college professor to Superintendent for the Glenview Public Schools and Chairman of the School Management Foundation of Illinois; and  
Whereas, his professional accomplishments and contributions to education, as well as his strong leadership, have earned him recognition and respect among the education community; and  
Whereas, throughout his career, Dr. Attea has displayed exemplary service and commitment to Illinois' educational system and has had the opportunity to positively influence students, teachers, and administrators; and  
Whereas, Dr. Attea will retire from his position as Glenview Superintendent of Schools;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 2, 1994, as DR. WILLIAM ATTEA DAY in Illinois in appreciation of his dedication and commitment to excellence in education.  
Issued by the Governor May 31, 1994.  
Filed with the Secretary of State June 3, 1994.

**94-288  
SPRINGFIELD AREA ARTS COUNCIL MONTH**

Whereas, for more than 18 years the Springfield Area Arts Council has made the arts a conscious and vibrant part of the everyday lives of Springfield area citizens; and  
Whereas, the Arts Council is dedicated to promoting a greater public awareness of and participation in the arts through 37 area arts organizations; and  
Whereas, as the second largest provider of programs and services to local arts organizations and artists, the Springfield Area Arts Council sponsors events such as First Night Springfield, Jazz at the First, Artist on the Plaza, Children's Arts Festival, On My Own Time, and Summer Youth Arts Camp; and  
Whereas, the Springfield Area Arts Council continues to foster the growth of more arts programs and services through educational, recreational, business, civic, and social organizations along with giving technical assistance to arts organizations and individual artists; and  
Whereas, the support of arts education is essential in maintaining the many opportunities available through arts councils and organizations;  
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 1994 as SPRINGFIELD AREA ARTS COUNCIL MONTH in

Illinois.  
Issued by the Governor May 31, 1994.  
Filed with the Secretary of State June 3, 1994.

**94-289**  
**AMATEUR RADIO WEEK**

Whereas, the State of Illinois has more than 22,200 licensed amateur radio operators who have demonstrated their value in public assistance by providing emergency radio communications and assisting at public functions; and  
Whereas, these amateur radio operators donate their services free of charge in the interest of the citizens of the state, as well as the world community; and  
Whereas, amateur radio operators are on the alert for any emergency, local or worldwide and practice their communication skills during the American Radio Relay League's Field Day exercise; and  
Whereas, the year's Amateur Radio Field Day will take place on June 25-26;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim the week of June 19-26, 1994, as AMATEUR RADIO WEEK in Illinois in recognition of the contributions made by the amateur radio operators of our state.  
Issued by the Governor June 1, 1994.  
Filed with the Secretary of State June 3, 1994.

**94-290**  
**MEN'S HEALTH WEEK**

Whereas, despite the advances in medical technology and research, men continue to live an average of seven years less than women; and  
Whereas, the likelihood that a man will develop prostate cancer is 1 in 11, and the number of men contracting prostate cancer reached more than 120,000 last year, with an expected one-third of the cases to die from the disease; and  
Whereas, testicular cancer is one of the most common cancers in men aged 15 to 34, and when detected early, has an 87 percent survival rate; and

Whereas, the number of men contracting lung disease and colon cancer is growing year and year, and the death rate for prostate cancer has grown to almost twice that of breast cancer in the last five years; and  
Whereas, women visit the doctor 150 percent as often as men, enabling them to detect health problems in their early stages;

Whereas, appropriate use of tests such as PSA exams, blood pressure screens, cholesterol screens, and others, in conjunction with clinical examinations and self-testing, can result in the detection of many of these problems in their early stages and increases the survival rates to nearly 100 percent; and  
Whereas, men who are educated about the value of preventive health can play in prolonging their lifespan and their role as a productive family member will be more likely to participate in health screenings;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 12-19, 1994, as MEN'S HEALTH WEEK in Illinois.  
Issued by the Governor June 1, 1994.  
Filed with the Secretary of State June 3, 1994.

**94-291**  
**REFLEX SYMPATHETIC DYSTROPHY SYNDROME WEEK**

Whereas, Reflex Sympathetic Dystrophy Syndrome (RSDS) is a complex condition with varying degrees of severity and disability; and

Whereas, RSDS is a painful, multi-symptom condition usually affecting arms, legs, or both, but may affect any area of the body; and

Whereas, RSDS affects millions of people in this country at almost any age, causing loss of independence, loss of a job or ability to attend school, and loss of income; and

Whereas, Reflex Sympathetic Dystrophy Syndrome Association, a non-profit organization with chapters in Illinois and many other states, promotes research and helps meet the needs of patients and their families;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 2-8, 1994, as REFLEX SYMPATHETIC DYSTROPHY SYNDROME WEEK in Illinois.  
Issued by the Governor June 1, 1994.  
Filed with the Secretary of State June 3, 1994.

**94-292**  
**WESTSIDE HEALTH PARTNERSHIP UNITY DAYS**

Whereas, the Westside Health Partnership will host its first annual Summit Conference on Violence on June 14, 1994; The theme is "No Rhyme No Reason: Healing Ourselves--Strategies to Break the Cycle of Violence Destroying Our Communities;" and  
Whereas, the Westside Health Partnership is composed of Mount Sinai Hospital, Medical Center, St. Anthony Hospital, Bethany Hospital, and Schwab Rehabilitation Center; and  
Whereas, the summit will provide doctors, sociologists,

ministers, political leaders, community activists, and others with a forum for dialogue on how to rid the community of violence. Through lectures and roundtables, participants will seek workable solutions and strategies to address the many aspects of violence; and

Whereas, violence extends from the streets to interpersonal relationships, leaving chaos, tragedy, and broken lives. Concerned citizens must seek workable solutions to end violence and ensure we do not become anesthetized to violence;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 10-14, 1994, as WESTSIDE HEALTH PARTNERSHIP UNITY DAYS in Illinois as a time of reflection to seek solutions to the violence plaguing our communities.

Issued by the Governor June 1, 1994.

Filed with the Secretary of State June 3, 1994.

**94-293  
WOMAN'S CLUB OF SPRINGFIELD DAY**

Whereas, the Woman's Club of Springfield was founded on May 26, 1894, when the First Lady of Illinois, Mrs. John P. (Emma Ford) Altgeld, invited a group of women to the Executive Mansion. These women founded an organization dedicated to meeting the philanthropic, social, and intellectual needs of the women of Springfield; and

Whereas, the club is affiliated with the Illinois Federation of Women's Clubs and the General Federation of Women's Clubs, which is the largest nondenominational, nonpolitical, international service organization of volunteer clubwomen worldwide. There are about 350,000 members in 8,500 clubs in the United States; and

Whereas, club members participate in a variety of activities and volunteer services in arts, charitable sewing, conservation, crime reduction, education, legislation, health, home life, and public affairs; and

Whereas, the First Lady of Illinois, Mrs. Jim Edgar, will host the Woman's Club of Springfield's 100th Anniversary Reception at the Executive Mansion on June 11;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 11, 1994, as THE WOMAN'S CLUB OF SPRINGFIELD DAY in Illinois.

Issued by the Governor June 1, 1994.

Filed with the Secretary of State June 3, 1994.

Whereas, Amnesty International will convene its Annual General Meeting in Chicago on June 10-12, 1994; and Whereas, Amnesty International is a worldwide movement of people acting on the conviction that governments must not deny individuals their basic human rights; and

Whereas, Amnesty International works to advance human rights by seeking the release of prisoners of conscience -- men, women and children imprisoned for their beliefs, color, sex, ethnic origin, language, or religion, who have neither used nor advocated violence. Amnesty International also works for fair and prompt trials for all political prisoners and an end to the torture, executions, political killing, and "disappearances;" and Whereas, since it was founded in 1961, Amnesty International has worked on behalf of more than 43,000 prisoners; and

Whereas, the largest branch of Amnesty International is Amnesty International USA; and

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 10-12, 1994, as AMNESTY INTERNATIONAL DAYS in Illinois.

Issued by the Governor June 2, 1994.

Filed with the Secretary of State June 3, 1994.

**94-295  
BRUCKNER GUEST HOUSE DAY**

Whereas, Family Service DuPage was founded in 1930 by Hinsdale resident Edith A. Bruckner to "strengthen families" and proudly continues this legacy today; and

Whereas, Family Service DuPage opened the doors to the Temporary Residence, 142 Wood Street, in suburban West Chicago, more than 10 years ago and some 1,000 senior citizens have visited through the years; and

Whereas, Family Service DuPage will celebrate the 10th anniversary of the Temporary Residence for Seniors on Friday, June 10; and

Whereas, Family Service DuPage pays tribute to Edith A. Bruckner by renaming the Temporary Residence to the Bruckner Guest House; and

Whereas, the Bruckner Guest House continues with its mission to provide short-term accommodations, care, and support with a comfortable level of independence and specialized attention for older adults; and

Whereas, the Bruckner Guest House is the only overnight respite for seniors available in Illinois in a non-institutional setting with a sliding scale fee. It offers families caring for older relatives an affordable place they can trust whenever relief care is needed;

Therefore, I, Jim Edgar, Governor of the State of Illinois,

**94-294  
AMNESTY INTERNATIONAL DAYS**

proclaim June 10, 1994, as BRUCKNER GUEST HOUSE DAY in Illinois and commend Family Service DuPage for helping alleviate premature institutionalization, dependency, and crisis situations for older Illinoisans and their families.

Issued by the Governor June 2, 1994.

Filed with the Secretary of State June 3, 1994.

#### 94-296 CELEBRATE 20 YEARS OF WIC MONTH

Whereas, 20 years ago under the U.S. Department of Agriculture, the Congress of the United States established the Special Supplemental Food Program for Women, Infants and Children (WIC); and

Whereas, the WIC Program was established in response to the 1967 National Nutrition Survey which discovered alarming rates of anemia among American children, especially children in lower income groups. Anemia has been shown to adversely affect the physical and cognitive development of infants and children, both prenatally and after birth; and

Whereas, the WIC Program assesses women, infants, and children for nutritional risk and provides nutrition education and nourishing foods. The program also provides referrals to other health care providers, especially for prenatal care; and

Whereas, the WIC Program has never been fully funded, yet has reduced childhood anemia, infant mortality, premature births, low birthweight, and other nutrition-related problems in infants, children under age five, and pregnant or breastfeeding women; and

Whereas, the program's improvement of the health status of women, infants, and children has helped reduce medical costs; and

Whereas, the Illinois WIC Program began operating in 1974 and is currently serving approximately 226,000 women, infants, and children each month; and

Whereas, 1994 marks the Illinois WIC Program's 20th anniversary of providing distinguished and valuable services to the women and children of our state;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim July 1994 as CELEBRATE 20 YEARS OF WIC MONTH in Illinois and urge our citizens to recognize the importance of this program.

Issued by the Governor June 2, 1994.

Filed with the Secretary of State June 3, 1994.

#### 94-297 CHALLENGE OF CHAMPIONS DAY

Whereas, the Physically Handicapped Public Schools of Chicago

were established to provide comprehensive educational and health services for physically handicapped children; and

Whereas, these unique schools prescribe individualized services for each student with the support of staff, parents, and medical resources; and

Whereas, the 15th annual city-wide Challenge of Champions will be held Friday, June 3, 1994; and

Whereas, participants include children ranging from three to 15-years-old with cerebral palsy, muscular dystrophy, hemophilia, and sickle cell; and

Whereas, each event is tailored to the child's abilities to encourage participation, achievement, pride, and enjoyment by all who attend; and

Whereas, each of the constants is a winner. Everyone will receive a medal or ribbon for their efforts;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 3, 1994, as CHALLENGE OF CHAMPIONS DAY in Illinois. Issued by the Governor June 2, 1994.

#### 94-298 MARINE CORPS LEAGUE AND AUXILIARY WEEK

"If the Army and the Navy ever look on Heaven's scenes, they will find the streets are guarded by the United States Marines".

Whereas, we quote these lines from the U.S. Marines' Song, not to instigate rivalry between the United States Military Services, each of which deservedly has our highest respect and honor, but because they seem to express the spirit and bravado of the Marines; and

Whereas, 50 years ago, Marine Corps veterans in Illinois organized the Department of Illinois Marine Corps League to continue the history of the Corps and the camaraderie of its members who, in land, sea, and air operations, have defended their countrymen's lives and liberty and the freedom of persons all over the world; and

Whereas, the Department of Illinois Marine Corps League and Marine Corps League Auxiliary members will meet at their annual convention being held June 1-5, 1994. They are dedicated to fostering interest in affairs of the United States Marine Corps and protecting and advancing the welfare of wounded or disabled Marines and their dependents;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 1-5, 1994, as MARINE CORPS LEAGUE AND AUXILIARY WEEK in Illinois in appreciation of the service of these men and women.

Issued by the Governor June 2, 1994.

Filed with the Secretary of State June 3, 1994.

**94-299**  
**ROSS GARDINER DAY**

Whereas, for more than 10 years, Ross Gardiner has been a true friend to the Canton community and the Fulton County area; and

Whereas, as editor of the Canton Daily Ledger, Ross has provided insightful commentary on area education issues and has encouraged positive action on many other important community issues; and

Whereas, through his leadership and the combined cooperation of the city and the people of Canton, the Coalition for Equality has been successful in helping to establish equity among all individuals of the community; and

Whereas, joined by his wife, Angie, and three sons, Ross Jr., Shawn, and Mark, the many fields of Ross Gardiner will publicly recognize his countless contributions to the community and his brave fight against cancer with a benefit held in his honor;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim June 5, 1994, as ROSS GARDINER DAY in Illinois.

Issued by the Governor June 2, 1994.

Filed with the Secretary of State June 3, 1994.

ACTION CODES	
A - Adopted Rule	P - Proposed Rule
AR - Adopted Repealer	PR - Prohibited Filing Order by JCAR (Joint Committee on Rules)
C - Notice of Corrections	PP - Peremptory or Court Ordered Rules
CC - Codification Changes	PR - Proposed Repealer
E - Emergency Rule	R - Refusal to meet JCAR Objection
ER - Emergency Repealer	RC - Statement of Recommendation
M - Modification to meet JCAR objections	S - Suspension ordered by JCAR
O - JCAR Statement of Objections	W - Withdrawal to meet JCAR Objections
RQ - Request for Correction	
EC - Expedited Corrections	

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-7017.

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89 Ill. Adm. Code 260 Long-Term Care Insurance Partnership Demonstration Program (P-3802)  
89 Ill. Adm. Code 230 Older Americans Act Program (P-5720)

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Animal Diagnostic Act (P-14717/A-1825)  
8 Ill. Adm. Code 110 Animal Diagnostic (P-14717/A-1825)  
8 Ill. Adm. Code 75 Bovine Brucellosis (P-14728/93;A-1833)  
8 Ill. Adm. Code 257 Cooperative Groundwater Protection Program (P-14288/93; A-205)  
8 Ill. Adm. Code 20 Definitions (P-14793;A-1844)  
8 Ill. Adm. Code 85 Diseased Animals (P-14747/93;A-1850)  
8 Ill. Adm. Code 85 Equine Infectious Anemia Control (P-14761/93;A-1861)  
68 Ill. Adm. Code 590 Feeder Swine Dealer Licensing (P-14763/93;A-1865)  
8 Ill. Adm. Code 270 Illinois State Fair and DuQuoin State Fair, Non-Fair Space Rental and the General Operation of the State Fairgrounds (P-3164)  
8 Ill. Adm. Code 40 Livestock Auction Markets (P-14769/93;A-1866)  
68 Ill. Adm. Code 610 Livestock Dealer Licensing (P-14775/93;A-1875)  
8 Ill. Adm. Code 125 Meats and Poultry Inspection Act (P-304) (P-2164) (P-3809;A-4622)(P-6442)(P-8493)  
8 Ill. Adm. Code 105 Swine Disease Control & Eradication Act (P-14781/93;A-1880)  
8 Ill. Adm. Code 600 Weights and Measures Act (E-4426)(A-8519)

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77 Ill. Adm. Code 2090 Subacute Alcoholism and Substance Abuse Treatment Services (P-5029;C-8731)

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14 Ill. Adm. Code 200 Franchise Disclosure Act (P-2522)

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2 Ill. Adm. Code 600 Public Information, Rulemaking, Organization and Personnel (A-6404)(A-6440)  
2 Ill. Adm. Code 601 Freedom of Information (A-7739)

CARNIVAL-AMUSEMENT SAFETY BOARD

56 Ill. Adm. Code 6000 Carnival and Amusement Park Inspection Law (P-6040)

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44 Ill. Adm. Code 5000 Acquisition, Management & Disposal of Real Property (P-15217/93;A-1886)(P-5057)  
80 Ill. Adm. code 302 Merit & Fitness (P-14788/93;A-1892)  
80 Ill. Adm. Code 310 Pay Plan (P-13657/93;P-14314;A-227;A-1107)(P-21233/93;A-5146)  
80 Ill. Adm. Code 2650 Solicitation for Charitable Payroll Deductions (A-3115)

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89 Ill. Adm. Code 325 Administration of Psychotropic Medications to Children for Whom the Department of Children and Family Services is Legally Responsible (P-8765)  
89 Ill. Adm. Code 434 Audits, Reviews and Investigations (P-7115/93;A-6697)(P-8777;E-8944)  
89 Ill. Adm. Code 385 Background Checks (P-8219)

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89 Ill. Adm. Code 380 Background Check of Foster Family Home Applicants (P-8779)  
 89 Ill. Adm. Code 358 Background Inquiry for Purchases of Service Providers (P-8786)  
 89 Ill. Adm. Code 305 Client Service Planning (P-6467)  
 89 Ill. Adm. Code 431 Confidentiality of Personal Information of Persons Served by the Department (P-7554)(CC-7951)  
 89 Ill. Adm. Code 428 Department Advisory Council, Ill., Juvenile Services & Other Statewide & Regional Committees (P-561)  
 89 Ill. Adm. Code 437 Department of Children and Family Services Employees Conflict of Interest (P-7559)  
 89 Ill. Adm. Code 384 Discipline & Behavior Management in Child Care Facilities (E-8474)(P-8528)  
 89 Ill. Adm. Code 314 Educational Services (P-17593/93; A-8366)  
 89 Ill. Adm. Code 406 Licensing Standards for Day Care Homes (P-2683)(P-11964/93; A-5531)  
 89 Ill. Adm. Code 402 Licensing Standards for Foster Family Homes (P-8237;E-8481)  
 89 Ill. Adm. Code 408 Licensing Standards for Group Day Care Homes (P-2700)(P-11976/93; A-5540)  
 89 Ill. Adm. Code 335 Relative Home Placements (P-661/93; A-4444)  
 89 Ill. Adm. Code 300 Reports of Child Abuse & Neglect (P-18271/93;A-8377)(P-8240)(P-15218/93;A-8661)

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80 Ill. Adm. Code 250 State Universities Civil Service System (P-18453/93;A-1901)

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 83 Ill. Adm. Code 792 Impulsion (P-19883/93;A-1919)  
 83 Ill. Adm. Code 790 Interconnection (P-19354/93;A-647)  
 83 Ill. Adm. Code 535 Least-Cost Planning for Natural Utilities (P-6081)  
 83 Ill. Adm. Code 590 Minimum Safety Standards for Transportation of Gas Pipeline Facilities (P-2720)  
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 83 Ill. Adm. Code 280 Procedures for Gas, Electric, Water & Sanitary Sewer Utilities Governing Eligibility for Service, Deposits, Payment Practices & Discontinuance of Service (P-918)(P-632/93;A-6160)  
 83 Ill. Adm. Code 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service & Issuance of Telephone Directories for Telephone Utilities in the State of Illinois (P-527) (P-12483;A-4146)  
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47 Ill. Adm. Code 160 Emergency Shelter Grants Program (P-15747/93;A-5163)  
 14 Ill. Adm. Code 520 Enterprise Zone Program (P-5719/93;A-5172)  
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 14 Ill. Adm. Code 610 Public Infrastructure Loan & Grants Programs (P-19352/93;A-8398)  
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#### TYPE OF RULE MAKING

<b>am</b> = amend to existing Section	<b>A</b> = Adopted Rule	<b>PF</b> = Prohibited Filing
<b>cc</b> = codification changes	<b>E</b> = Emergency	<b>S</b> = Suspension
<b>em</b> = New section	<b>P</b> = Proposed Rule	<b>O</b> = JCAR Objection
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	<b>CC</b> = Codification Changes	<b>EC</b> = Expedited Correction
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	230.Ex.D	em	(P-1323/93;A-1233)	600.120	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	230.Ex.E	em	(P-1323/93;A-1233)				926.230	em	(P-512)
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	250.500	em	(P-1323/93;A-728)	600.654	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.600	em	(P-1323/93;A-728)	600.658	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.700	em	(P-1323/93;A-728)	600.660	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.800	em	(P-1323/93;A-728)	600.662	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
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	250.1300	em	(P-1323/93;A-728)	600.678	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
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	250.1500	em	(P-1323/93;A-728)	600.682	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.1600	em	(P-1323/93;A-728)	600.686	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.1700	em	(P-1323/93;A-728)	600.690	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.1800	em	(P-1323/93;A-728)	600.694	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.1900	em	(P-1323/93;A-728)	600.698	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2000	em	(P-1323/93;A-728)	600.702	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2100	em	(P-1323/93;A-728)	600.706	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2200	em	(P-1323/93;A-728)	600.710	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2300	em	(P-1323/93;A-728)	600.714	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2400	em	(P-1323/93;A-728)	600.718	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2500	em	(P-1323/93;A-728)	600.722	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2600	em	(P-1323/93;A-728)	600.726	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2700	em	(P-1323/93;A-728)	600.730	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2800	em	(P-1323/93;A-728)	600.734	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.2900	em	(P-1323/93;A-728)	600.738	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3000	em	(P-1323/93;A-728)	600.742	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3100	em	(P-1323/93;A-728)	600.746	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3200	em	(P-1323/93;A-728)	600.750	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3300	em	(P-1323/93;A-728)	600.754	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3400	em	(P-1323/93;A-728)	600.758	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3500	em	(P-1323/93;A-728)	600.762	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3600	em	(P-1323/93;A-728)	600.766	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3700	em	(P-1323/93;A-728)	600.770	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3800	em	(P-1323/93;A-728)	600.774	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.3900	em	(P-1323/93;A-728)	600.778	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4000	em	(P-1323/93;A-728)	600.782	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4100	em	(P-1323/93;A-728)	600.786	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4200	em	(P-1323/93;A-728)	600.790	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4300	em	(P-1323/93;A-728)	600.794	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4400	em	(P-1323/93;A-728)	600.798	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4500	em	(P-1323/93;A-728)	600.802	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4600	em	(P-1323/93;A-728)	600.806	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4700	em	(P-1323/93;A-728)	600.810	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4800	em	(P-1323/93;A-728)	600.814	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.4900	em	(P-1323/93;A-728)	600.818	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5000	em	(P-1323/93;A-728)	600.822	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5100	em	(P-1323/93;A-728)	600.826	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5200	em	(P-1323/93;A-728)	600.830	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5300	em	(P-1323/93;A-728)	600.834	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5400	em	(P-1323/93;A-728)	600.838	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5500	em	(P-1323/93;A-728)	600.842	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5600	em	(P-1323/93;A-728)	600.846	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5700	em	(P-1323/93;A-728)	600.850	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5800	em	(P-1323/93;A-728)	600.854	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.5900	em	(P-1323/93;A-728)	600.858	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6000	em	(P-1323/93;A-728)	600.862	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6100	em	(P-1323/93;A-728)	600.866	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6200	em	(P-1323/93;A-728)	600.870	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6300	em	(P-1323/93;A-728)	600.874	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6400	em	(P-1323/93;A-728)	600.878	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6500	em	(P-1323/93;A-728)	600.882	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6600	em	(P-1323/93;A-728)	600.886	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6700	em	(P-1323/93;A-728)	600.890	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6800	em	(P-1323/93;A-728)	600.894	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.6900	em	(P-1323/93;A-728)	600.898	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.7000	em	(P-1323/93;A-728)	600.902	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.7100	em	(P-1323/93;A-728)	600.906	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.7200	em	(P-1323/93;A-728)	600.910	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.7300	em	(P-1323/93;A-728)	600.914	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.7400	em	(P-1323/93;A-728)	600.918	r	(A-6440)	(A-6404)	(A-6404)	(P-512)
	250.7500	em	(P-1323/93;A-728)	600.922	r	(A-6440)	(A-6404)	(A-6404)	(P-512)







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140.820	am	[P-4597-W-8730]		240.210	am	[P-14225(93-A-609)]	380.10	[P-8779]		14.960	am
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140.920	n	[P-17296(93-A-3620)]		240.280	am	[P-14225(93-A-609)]	380.12	[P-8779]		14.970	am
140.922	n	[P-17296(93-A-3620)]		240.350	am	[P-14225(93-A-609)]	380.13	[P-8779]		14.975	am
140.924	n	[P-18436(93-A-3620)]		240.430	am	[P-14225(93-A-609)]	380.14	[P-8779]		14.980	am
140.926	n	[P-18436(93-A-3620)]		240.870	am	[E-5350](P-5348)	388.1	# am	[CC-7951](P-7554)	14.985	am
140.928	n	[P-17796(93-A-3620)]		240.910	am	[P-14225(93-A-609)]	384.2	# am	[CC-7951](P-7554)	14.990	am
140.930	n	[P-17796(93-A-3620)]		240.150	am	[P-14225(93-A-609)]	384.3	# am	[CC-7951](P-7554)	14.995	am
140.932	n	[P-17796(93-A-3620)]		240.150	am	[P-14225(93-A-609)]	384.4	# am	[CC-7951](P-7554)	14.997	am
140.935	am	[P-17796(93-A-3620)]		240.155	am	[P-14225(93-A-609)]	384.5	am	[P-7554](P-7554)	14.998	am
147.105	am	[P-18798(93-A-4271)]		240.190	am	[P-14225(93-A-609)]	384.10	am	[P-7554](P-7554)	14.998	am
148.60	am	[P-15281(93-A-2405)]		240.195	am	[P-14225(93-A-609)]	384.15	am	[P-7554](P-7554)	15.000	am
147.205	am	[P-14803(93-A-2405)]		240.1545	am	[P-14225(93-A-609)]	384.30	am	[P-7554](P-7554)	15.000	am
148.82	am	[P-15281(93-A-3450)]		240.1590	am	[P-14225(93-A-609)]	384.60	am	[P-7554](P-7554)	15.000	am
148.25	am	[P-15281(93-A-3450)]		240.1600	am	[P-14225(93-A-609)]	384.70	am	[P-7554](P-7554)	15.000	am
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148.50	am	[P-15281(93-A-3450)]		240.1620	am	[P-14225(93-A-609)]	384.90	am	[P-7554](P-7554)	15.000	am
148.60	am	[P-15281(93-A-3450)]		240.1920	am	[P-14225(93-A-609)]	384.100	am	[P-7554](P-7554)	15.000	am
148.70	am	[P-15281(93-A-3450)]		240.1930	am	[P-14225(93-A-609)]	384.110	am	[P-7554](P-7554)	15.000	am
148.82	am	[P-15281(93-A-3450)]		240.2030	am	[P-14225(93-A-609)]	384.120	am	[P-7554](P-7554)	15.000	am
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148.130	am	[P-15281(93-A-3450)]		240.2050	am	[P-14225(93-A-609)]	385.10	am	[P-7554](P-7554)	15.000	am
148.150	am	[P-15281(93-A-3450)]		240.2060	am	[P-14225(93-A-609)]	385.30	am	[P-7554](P-7554)	15.000	am
148.160	am	[P-15281(93-A-3450)]		260.200	am	[P-3802]	385.40	am	[P-7554](P-7554)	15.000	am
148.170	am	[P-15281(93-A-3450)]		260.300	am	[P-3802]	385.50	# am	[P-7554](P-7554)	15.000	am
148.180	am	[P-15281(93-A-3450)]		260.400	am	[P-3802]	385.60	# am	[P-7554](P-7554)	15.000	am
148.190	am	[P-15281(93-A-3450)]		300.130	am	[P-18271(93-A-86601)]	385.70	# am	[P-7554](P-7554)	15.000	am
148.210	am	[P-15281(93-A-3450)]		300.130	am	[P-18271(93-A-86601)]	385.80	am	[P-7554](P-7554)	15.000	am
148.220	am	[P-15281(93-A-3450)]		300.130	am	[P-18271(93-A-86601)]	385.90	# am	[P-7554](P-7554)	15.000	am
148.230	am	[P-15281(93-A-3450)]		300.130	am	[P-18271(93-A-86601)]	385.90	# am	[P-7554](P-7554)	15.000	am
148.240	am	[P-15281(93-A-3450)]		305.20	am	[P-6467]	385.100	am	[P-7554](P-7554)	15.000	am
148.250	am	[P-15281(93-A-3450)]		305.30	am	[P-6467]	385.20	am	[P-7554](P-7554)	15.000	am
148.260	am	[P-15281(93-A-3450)]		305.40	am	[P-6467]	385.30	am	[P-7554](P-7554)	15.000	am
148.270	am	[P-15281(93-A-3450)]		314.10	n	[P-17593(93-A-8366)]	406.8	am	[P-2846](P-2846)	15.000	am
148.280	am	[P-15281(93-A-3450)]		314.20	n	[P-17593(93-A-8366)]	406.9	am	[P-2846](P-2846)	15.000	am
148.310	am	[P-15281(93-A-3450)]		314.40	n	[P-17593(93-A-8366)]	406.12	am	[P-2846](P-2846)	15.000	am
149.5	am	[P-15281(93-A-3378)]		314.50	n	[P-17593(93-A-8366)]	406.13	am	[P-2846](P-2846)	15.000	am
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149.125	am	[P-15281(93-A-3378)]		325.20	n	[P-8765]	408.50	am	[P-3106](P-3106)	15.000	am
149.140	am	[P-15281(93-A-3378)]		325.30	n	[P-8765]	408.55	am	[P-3106](P-3106)	15.000	am
149.150	am	[P-15281(93-A-3378)]		325.40	n	[P-8765]	408.65	am	[P-3106](P-3106)	15.000	am
152.150	n	[P-16771(2150)]		325.50	n	[P-8765]	408.70	am	[P-3106](P-3106)	15.000	am
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160.65	am	[P-12067(A-597)]		358.4	n	[P-8786]	428.50	am	[P-5796](P-5796)	15.000	am
160.70	am	[P-12067(A-597)]		358.5	n	[P-8786]	428.60	am	[P-5796](P-5796)	15.000	am
170.250	n	[P-16771(2150)]		358.6	n	[P-8786]	428.70	am	[P-5796](P-5796)	15.000	am
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230.362	am	[P-5720]		380.2	n	[P-8779]	431.2	am	[P-5796](P-5796)	15.000	am
230.363	am	[P-5720]		380.3	n	[P-8779]	431.3	am	[P-5796](P-5796)	15.000	am
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230.366	n	[P-5720]		380.5	r	[P-8779]	431.5	am	[P-5796](P-5796)	15.000	am
230.367	n	[P-5720]		380.6	r	[P-8779]	431.6	am	[P-5796](P-5796)	15.000	am
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431.26		[P-8779]		431.32		[P-8779]		431.35		[P-8779]	
431.27		[P-8779]		431.33		[P-8779]		431.36		[P-8779]	
431.28		[P-8779]		431.34		[P-8779]		431.37		[P-8779]	
431.29		[P-8779]		431.35		[P-8779]		431.38		[P-8779]	
431.30		[P-8779]		431.36		[P-8779]		431.39		[P-8779]	
431.31		[P-8779]		431.37		[P-8779]		431.40		[P-8779]	
431.32		[P-8779]		431.38		[P-8779]		431.41		[P-8779]	
431.33		[P-8779]		431.39		[P-8779]		431.42		[P-8779]	

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